# Kleffner, Julie

From:

Kleffner, Julie

Sent:

Friday, January 06, 2017 10:06 AM

To:

'Marsha Middleton'

Subject:

RFPS30034901600477 - Alternatives to Abortion Program Services

Item 3.1.6 of the RFP advises that a proposal submitted in response to RFPS30034901600477 will be considered an open record pursuant to section 610.021 RSMo. In reviewing the proposal submitted from Alliance for Life - Missouri, no documents or information were found to have been marked as being proprietary information. If there is any material included within the proposal that was marked as proprietary, and if so, to provide an explanation of what qualifies such material to be held as confidential pursuant to the provisions of section 610.021, RSMo. Alliance for Life - Missouri shall understand that the determination of such material being held as a closed record shall be solely with the State of Missouri.

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656

Fax: 573-526-9816

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### STATE OF MISSOURI OFFICE OF ADMINISTRATION **DIVISION OF PURCHASING (PURCHASING)** REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600477

**Alternatives to Abortion Program Services** 

**ISSUE DATE: 2/17/16** 

REO NO.: NR 300 30006000002

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: March 29, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH HTTPS://MISSOURIBUYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

**MAILING INSTRUCTIONS:** 

DOING BUSINESS AS (DBA) NAME

Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

or

(Courier Service)

RETURN PROPOSAL TO: PURCHASING

**PURCHASING** 

**PO BOX 809** 

301 WEST HIGH STREET, RM 630

**JEFFERSON CITY MO 65102-0809** 

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX 10 NO.

		Alliance for Life – Missouri Inc					
MAILING ADDRESS		IRS FORM (099 MAILING ADDRESS					
		P.O. Box 65					
CHY, STATE, ZIP CODE		CITY, STATE, ZIP CODE					
		Greenwood, MO 64034					
CONTACT PERSON		EMAIL ADDRESS					
Marsha J Middleton		marsha@allia	inceforlifemissouri.com				
PHONE NUMBER		FAN NUMBER					
417-598-1040		855-856-5240					
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (	CHECK ONE)	VENDOR NUMBER (IF KNOWN)				
46-0489686	_x_feinss	¥	46048968600				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)							
Corporation Individual State/Le	ocal Government Pr	artnershipSole Pro	prietorX_IRS Tax-Exempt				
AUTHORIZED SIGNATURE	,	DATE					
Marsha J Mide	detor	March 25, 20	16				
PRINTED NAME		TITLE					
Marsha J Middleton		CEO					

# Alternatives to Abortion Program RFP 2016 Narrative

## A. Cost/Pricing

- 1. AFLMO served over 7,100 clients from July 1, 2006 to March 29, 2016 with an average cost per client of \$780. ALFMO projects to provide services to an estimated 3,100 clients for the July 1, 2016 to June 30, 2019 Alternatives to Abortion grant cycle. Average cost per client is estimated to be \$1,100.
- 2. AFLMO will insure that all subcontractors will adhere to the pricing points outlined per Geographic Region as proposed.

**Pricing Pages** 

Attachment 8

**Attachment 9** 

### B. Experience, Reliability and Expertise of Personnel

- 1. Offeror Information: The Allianee For Life Missouri, Inc. is a 501 (c) (3) non-profit corporation that has provided consulting assistance to pregnancy resource centers, maternity homes and adoption agencies in Missouri for 15 years. Through annual state conferences and workshops, the AFLMO provides its affiliates with continuing education, training and guidance. Exhibit A certifies AFLMO and its subcontractor's compliance with 188.335 RSMO. Additional offeror information, including AFLMO and its subcontractors, is detailed in Exhibit B. Exhibit C certifies AFLMO and its subcontractor's compliance with 188.335 RSMO regarding tax exempt organization status.
- 2. Experience: The AFLMO has been a contractor for the Alternatives to Abortion program for 9 ½ years from July 2006 to present. The AFLMO complies and adheres to the program goals of the Alternatives to Abortion Program to improve pregnancy outcomes by helping women to practice sound health-related behaviors. Strategies and techniques include decrease the use of tobacco, alcohol, and illegal drugs; improve mother and child nutrition; improve child health, safety, and development by helping parents provide more responsible and competent care for their children; and improve families economic self sufficiency by helping parents develop a vision for their own future, continue their education, and find jobs.

AFLMO currently has 18 subcontractors with the addition of 5 new subcontractors in the upcoming cycle for a total of 23. These subcontractors are made up of pregnancy centers, maternity homes and adoption agencies with 5 out of the 23 having satellite locations resulting in a total of 30 actual locations providing services. Of the 23 subcontractors, 13 have been providing services through the Alternatives to Abortion program for 9 1/2 years, and 18 have many years of experience in providing said services prior to the contract award. AFLMO has been awarded a total of \$5,538,324.35 expending 95% of award and has managed, trained and conducted audits and continuous oversight and reporting over all subcontractors throughout the

duration of three grant periods of July 1, 2006 to June 30, 2009, September 1, 2009 to June 30, 2012 and July 1, 2012 to June 30, 2016. Implementation of grant services which took place in the 9 ½ years which precede this application include:

- 2006-2007 First year to be awarded contract. AFLMO was proposing a program with possible subcontractors to actually provide the services of the program. The first 6 months of the contract period involved getting subcontractors established, trained in the program and clients enrolled. By December, 11 subcontractors were in place and starting to utilize the funds. By February, AFLMO had 16 subcontractors established. In those last 6 months, the subcontractors were increasing their enrollment in the program and beginning to expend the award as needs were identified and met. Year one 61% was expended.
- 2007-2008 AFLMO had 20 subcontractors in place to provide the services of the program. Expenditures increased significantly as more clients were enrolled in the program and more needs were identified. Assistance with rent, utilities, and transportation increased with the number of clients. Parenting skills taught in group settings developed as well as mentoring and group classes for father of the baby. Year two 91% was expended.
- 2008-2009 24 subcontractors providing services, which results in more clients served. More clients needing assistance with housing, utilities and transportation. A greater emphasis on providing parenting skills individually and in group setting. More involvement of the father of the baby. An increase in case management as more needs are identified and referrals located to provide assistance. Year three 100% was expended.
- 2009-2010 AFLMO was again awarded A2A contract. 20 subcontractors
  participated. Services were provided in similar manner to
  previous year. First year of second A2A contract, 99% of
  funds were expended.
- 2010 2011 20 subcontractors participated. Evaluation and quality improvement continued. Second year of second A2A contract, 100% of fund were expended.
- 2011 2012 17 subcontractors participated. Evaluation and quality improvement continued. Third year of second A2A contract. 100% of funds have been expended.
- 2012 2013 17 subcontractors participated. Evaluation and quality improvement continued. First year of third A2A contract. 100% of funds have been expended.

- 2013 2014 16 subcontractors participated. Evaluation and quality improvement continued. Second year of third AZA contract. 100% of funds have been expended.
- 2014 2015 18 subcontractors participated. Evaluation and quality improvement continued. Third year of third A2A contract. 74% of funds have been expended. AFLMO most likely would have expended 100%, however the increase in allocations were released to AFLMO in May and the cycle ended mid-June.
- 2015 2016 18 subcontractors participated. Evaluation and quality improvement continued. Fourth year of third A2A contract, 100% of funds expected to be expended.

Through the services provided by AFLMO and its subcontractors, significant progress has been made in impacting the numbers of child abuse and neglect cases, teen pregnancies, fatherless families, and pre-term or low birth-weight deliveries to women facing an unplanned pregnancy. Health of women and children has been improved through reduction in mother's smoking and the prevention of communicable disease. Working to increase and improve education through the completion of high school or GED, the numbers of families in poverty, school dropouts, homelessness, unemployment, have been reduced. These problems are identified as major concerns in a number of the counties that are served by the AFLMO through this grant.

Current/Prior Experience Summary of AFLMO and its subcontractors is detailed in Exhibit D.

4. Expertise of Personnel: Alliance for Life – ATA Program Director has 15 years experience within the pregnancy center field serving as executive director. Additionally, she served as a client advocate providing direct services to clients. She has 9 ½ years experience in the Alternatives to Abortion program, serving as a grant administrator for a year before moving into the role of program director. The program director has many years of training in various aspects of the pregnancy center including client care, parenting education, abstinence education, grants and administration.

Alliance for Life - ATA Program Manager has 1 ½ years experience as the program

Marsha Middleton

Alliance for Life – Missouri, Inc.

RFP30034901600477

manager. She monitors, invoices, and reviews the contract satisfaction of the subcontractors. In addition, she has previous experience in working with foundation grant management.

AFLMO subcontractors' key personnel in sum have many years experience in the pregnancy center, maternity home, and adoption agency fields. Subcontractor executive directors' degrees include master's of rehabilitation counseling, master's in business administration, bachelor's in social work, and registered nursing as well as many years of field experience. Education, achievements, and experience of program managers include registered nurses, licensed clinical social worker, master's of social work, and bachelor's in psychology. Key personnel have at least two or more years experience with the Alternatives to Abortion program with the exception of the new subcontractors. Personnel Expertise is summarized in Exhibit E.

**Exhibit A** 

**Exhibit B** 

**Exhibit C** 

**Exhibit D** 

Exhibit E

# C. Method of Performance

The Method of Performance is outlined in the following order:

Method of Performance - Exhibit F

Implementation Plan - Exhibit G

Client Scenario - Exhibit H

Attachment 10

Attachment 11

Attachment 12

Attachment 13

Attachment 14

D. MBE/WBE, Blind and Sheltered Workshop, MO Service-Disabled Participation -

AFLMO is not participating in the MBE/WBE, blind and sheltered workshop or MO Service-

Disabled programs therefore Exhibit I and J have not been included.

E. Miscellaneous Submittal Information -

1. Affidavit of Work Authorization and Documentation. Alliance for Life - MO meeting the

section 285.525 RSMO definition of a "business entity" has completed the Affidavit of Work

Authorization and enrolled in the E-Verify federal work authorization program. All

subcontractors have completed the Affidavit of Work Authorization and verified enrollment

in the E-Verify program or similar work authorization program already in place as

demonstrated in Exhibit K.

2. Debarment Certification - AFLMO is not presently debarred, suspended, proposed for

debarment, declared ineligible, voluntarily excluded from participation, or otherwise

excluded from or ineligible for participation under federal assistance programs as

demonstrated in Exhibit L.

3. Miscellaneous Information - AFLMO does not manufacture or perform services outside of

the United States and does not have a conflict of interest with the State of Missouri. AFLMO

is registered with the Secretary of State as demonstrated in Exhibit M.

Exhibit K

Exhibit L

Exhibit M

Attachment 7

# Vendor Qualification

### EXHIBIT A

# CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Marsha J Middleton, CEO	
Name and Title of Authorized Representative	
na na 111 a	
Marsha Middleton	03-24-2016
Signature	Date

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 2 3 2007

ALLIANCE FOR LIFE-MISSOURI INC PO BOX 2322 BRANSON WEST, MO 65737-2322

Employer Identification Number: 46-0489686 DLN: 17053097833187 Contact Person: ID# 31255 MARY M SHEER Contact Telephone Number: (877) 829-5500 Public Charity Status: 170 (b) (1) (A) (vi)

### Dear Applicant:

Our letter dated June 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period:

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inter	nal Reven	nue Service	▶ Information about	Form 990 and its inst	ructions is at	www.irs.ge	ov/form990	)	inspec	แงก
A_	For the	2014 cale	ndar year, or tax year beginning	January 1	, 2014, a	nd ending	Decen	nber 31	, 20 14	
В	Check if	applicable:	C Name of organization Alliance for	Life · Missouri, Inc.				D Employe	er identification r	umber
	Address	change	Doing business as	<u>,                                    </u>					46-0489686	
	Name ch	hange	Number and street (or P.O. box if ma	il is not delivered to stree	t address)	Room/suite	V	E Telephor	ne number	
	Initial ret	~	P.O. Box 65		)		1		816-806-4168	
Ħ		m/terminated	City or town, state or province, count	try, and ZIP or foreign pos	stal code					
$\exists$	Amende		Greenwood, MO 64034					G Gross re	ceipts \$ 5	29,117.00
Ħ			F Name and address of principal office	r Marcha I Middlet	<u> </u>		H(a) le this a na		subordinates? Ye	
ш	Applicat		601 NE Adams Dr. Lee's Summit		J11				s included? Ye	
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Activities & Governance	l		people, empowering ministries						liaboration, ed	ucation
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S.	4		of independent voting member		•			4		6
Ë	5		nber of individuals employed in	<u>-</u>	(Part V, line	2a) .		5		5
蓑	6		nber of volunteers (estimate if r	* *				6		1
ď	7a	Total unr	elated business revenue from F	Part VIII, column (C),	line 12 .			7a		0
	Ь	Net unrel	ated business taxable income	from Form 990-T, lir	ne 34	<u> </u>	<u></u>	7b		0
	ļ					_	Prior Ye	ar	Current 1	ear
Φ	8	8 Contributions and grants (Part VIII, line 1h)								03,395.00
Ĕ	9									25,422.00
Revenue	10	Investme	nt income (Part VIII, column (A)	, lines 3, 4, and 7d)				0		0
Œ	11	Other rev	enue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c	and 11e) .			0		300.00
	12	Total reve	enue—add lines 8 through 11 (m	iust equal Part VIII, d	olumn (A), fir	ne 12)	56	5,349.00		29,117.00
	13	Grants as	nd similar amounts paid (Part I)	K, column (A), lines	1-3)		45	5,400.00		39 <mark>5,130.0</mark> 0
	14	Benefits	paid to or for members (Part IX	, column (A), line 4)				0		0
un.	15		other compensation, employee b			5–10)		8,539.00		57,780.00
Expenses	16a	-	onal fundraising fees (Part IX, co	•				0		0
þer	ь		draising expenses (Part IX, colu							
Ж	17		penses (Part IX, column (A), line		e)			0,520.00	Co. Total Co.	57,459.00
	18		penses. Add lines 13-17 (must		•	)		4.459.00		10,369.00
	19	-	less expenses. Subtract line 1			′ <del> </del>		890.00		18,748.00
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ets or	20	Total ass	sets (Part X, line 16)					1,564.00		78,969.00
Asse	21		pilities (Part X, line 26)			· ·		8,683.00		56,551.00
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Fol	r Panon	work Badu	iction Act Notice, see the senara	ta instructions		Cat No.	11282Y		Form	990 (2014)

Form 99	D (2014) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  To save and change lives by equipping people, empowering ministries and engaging communities toward a culture of life. The AFL advocates and advances the work of its affiliate partners. AFL provides organization, collaboration, and unity in the network. The Alliance brings awareness, training, development and resources to its affiliate partners.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 624100 ) (Expenses \$ 395,130.00 including grants of \$ 474,154.00 ) (Revenue \$ 79,024.00 )  Contractor with the State of Missouri under the Alternatives to Abortion Contract. AFL sub-contracts with its affiliates to provide the services of the program to clients across Missouri. A total of 18 sub-contractors provide services that include material needs of food clothing, shelter, transportation, and education. In addition, fatherhood education, job training and on-going case management.  Clients consist of young women in unexpected pregnancies who are choosing to carry to term or place for adoption. An estimated 2000 clients are assisted through the program during the year. The Alliance provides the acquisition of the contract and then manages and monitors the program funds and services provided by the sub-contractor.
4b	(Code: 611430 ) (Expenses \$ 25,854.00 including grants of \$ 1 0) (Revenue \$ 19,611.00)  An annual conference which provides educational and networking sessions for over 125 attendees representing more than 50 organizations from across Missouri and beyond. 16 regional leadership events during the year provides networking, development an unity building. In-depth training events through-out the year focusing on specific ministry areas. One on one consulting with organizations to assist in development of ministry, its leaders providing guidance and referrals.
4c	(Code: 561000 ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 10,685.00 )  Affiliation fees paid by like-minded ministries to be a part of the Alliance for Life - Missouri.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 54,710.00 including grants of \$ ) (Revenue \$ )
	Total program conting expenses

0 (2014) Page **3** 

Part I	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<b>√</b>	_
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	: i	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>-</b>	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	<del>                                     </del>	1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
		F	. 000	(2014)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>*</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<b>√</b>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		For	n ササし	(2014)

Form 990 (2014) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . За Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . **7**b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: 10 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 а 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 99				age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	ee ins	tructi	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u> 7</u>
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No The state of th
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>/</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			A CONTRACTOR OF THE CONTRACTOR
a	The governing body? ,	8a	<b>√</b>	
9 9	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	<b>-</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	<b>✓</b>	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>✓</b>	_
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	<del></del>
14 15	Did the organization have a written document retention and destruction policy?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>✓</b>	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>V</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Missouri  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O)	501(	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red	cords:	<b>&gt;</b>	

Marsha J Middleton 106 5th Ave. S, Greenwood, MO 64034

Form 990 (2014)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ited any curren	t officer, director	, or trustee.
		}		•	C)			}		
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	요글	_ 5	Q	\$	9 =	Ţ,	from the	related organizations	other compensation
	related	물불	## I	Officer	- Z	불	Former	organization	(W-2/1099-MISC)	from the
	organizations	cta	ğ.	~	Key employee	yea c	۳	(W-2/1099-MISC)		organization
	below dotted line)	1 2	äl	l	မွ	Į įį				and related organizations
	"""	Individual trustee or director	Institutional trustee		•	l Š		i		o. g
		"	ee			Highest compensated employee		]		•
<del></del>	<del> </del>	├─	H	┢	1	<u> </u>		<del> </del>	<del></del>	
(1) Jeanie Williams	1				l					ţ.
President	<del>-</del>	}		1	{	}	ł	}	\	
(2) Diane Waisner	1		<del> </del>	÷		<del>                                     </del>		<del> </del>		
Vice President	† <del>-</del>	1	ļ	1	l	ļ	[	Į.		
(3) Ramona Davis	1		1							
President Elect		1		1				i		
(4) Amanda Patterson	1									
Secretary/Treasurer		1		1		l				_
(5) Breanne Hunt	1									
Board Member		1		L.		<u>L.</u>		L		
(6) Dr. Richard Griffith	1	<b>.</b>	}		ļ	{	ļ	}		
Board Member		1	<u> </u>	<u> </u>	L	<u> </u>				·
(7) Ronn Ramey	11	Į	ļ	l	ļ	ļ			ļ · [	
Board Member	ļ	<b>✓</b>			_	<u> </u>	<u> </u>			<del></del>
(8) Greg Robeson	11									
Board Member	<u> </u>	1	1_		Ъ.	<u> </u>	<u> </u>	<u> </u>		
(9) Marsha Middleton	36			١,						
CEO	<del> </del> -	<b> </b>	₩	1	<u> </u>	<b>\</b>	-	40,491.00		
(10)	ļ	ļ		Ì.						
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N.71	†	1								
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(4.4)			$\vdash$	<del> </del>	_	<del> </del> -	_		<u> </u>	
(14)	ļ	1	1			}		1		•
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (cont	inued)
	(A) Name and title	(B) Average hours per week (list any	werage box, unless person is both officer and a director/trust				is both	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	-	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
(15)											
(16)			<u>-</u> -								
(17)			-					-			<del> </del>
(18)		. 0				-					
(19)											
(20)								_			
(21)			_		-	_			<u> </u>		
(22)			<u></u>					_			
(23)			1		-	_					
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	······································	V	_	_	_	_					
(25)								Ĺ.,			
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		-	-		-	<b>A A A</b>	40,491.00		
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,0	000 af
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensa	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization										
	on B. Independent Contractors					_					100.000 (
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	iress				_			(B) Description of s	ervices	(C) Compensation
				_	_						
				-							
2	Total number of independent contractor							l o th	nose listed ab	ove) who	
	received more than \$100,000 of compen	sation from	the o	rgai	niza	tion	<u> </u>			A Family Control	

Page 9

Form 9	90 (2014	4)						Page 9
Part	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse or note to				<u> </u>
	T-1			a de la company de la comp La company de la company d	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र ह	1a	Federated campaigns	1a					
Grants	ь	Membership dues .						
5, G	С	Fundraising events .	<u> </u>	1,141.00		name of a second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gifts, Ilar An	d	Related organizations						
im.	е	Government grants (con	tributions) 1e	79,024.00		ing the second		
ttor sr S	f	All other contributions, gi						
ğ ¥		and similar amounts not incl		23,230.00				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ						
_	<u>h</u>	Total. Add lines 1a-1	<u>f.,</u> .	Business Code	103,395.00	100 Tris 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
) Lee	2-	Alternatives To Abortio	on Contract	<del></del>	205 426 00	205 120 00		
Jeve '	2a b	Annual Conference/Tra	************	624100 611430	395,126.00 19,611. <u>00</u>	395,126.00 19,611.00		
Se	C	Affiliation Fees	gs	561000	10,685.00	10,685.00		
ervi	ď			301000	10,003.00	10,000.00		
Program Service Revenue	е	*						
gra	f	All other program sen	vice revenue .					
P.	g	Total. Add lines 2a-2	<u> </u>		425,422.00	1,000,000		
	3	Investment income						
	}	and other similar amo	•					
	4	Income from investment	ond proceeds					
]	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11) 1 01301161				
	b	Less: rental expenses		<del> </del>				
	C	Rental income or (loss)						iliania lian
	ď	Net rental income or (	(loss)					*
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
'	}	assets other than inventory						
İ	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)	L			Ulacili, and the		
	d	Net gain or (loss) .		<u> </u>	and the state of t			
une	8a	Gross income from fu	ındraising					
Other Revenue		events (not including \$ of contributions reported	ed on line 1c).				undventardin sud	
Ē			a					
₹	١.	Less: direct expenses						
		Net income or (loss) f		events . >		See		
	9a	Gross income from ga			Agenda Communication of the Co			
	١.		a		Control (Section 1) (Control (			
	b	Less: direct expenses Net income or (loss) f				Applied Service (Service (Serv		
	10a	Gross sales of in		VII.05	A = 32.200 (100 pt)			
		returns and allowance	•					
	ь	Less: cost of goods s	_					
	c	Net income or (loss) f			AVERA - A COMMUNICATION OF THE PROPERTY OF THE	c		and the but to the last one who was a new day, \$2,25 28,55 (1998 ) yourselves
		Miscellaneous R		Business Code				
	11a	Designated Travel		900099	300.00	300.00	1,1,20	
	Ь							*
	С	~~						<del></del>
	d			L		- 17/0/2007 (Marie 1977)		
	12	Total. Add lines 11a- Total revenue. See in			300.00	40		
	12	i oral revellue. See II	istractions		529,117.00	425,722.00		<u></u>

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	X Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
D	Check if Schedule O contains a respons		(B)	· · · · · · · · · · · · · · · · · · ·	<u>U</u>
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	395,130.00	395,130.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			ing and the second seco	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	40,491.00	32,391.00	8.100.00	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	12,457.00	8,387.00	4,070.00	
9	Other employee benefits				
10 11	Payroll taxes	4,832.00	3,237.00	1,595.00	
а	Management				
b	Legal	1,740.00	,1,740.00		
C	Accounting ,				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)			<u>.</u>	
12	Advertising and promotion				
13	Office expenses	10,190.00	1,214.00	8,976.00	
14	Information technology	1,232.00	1,232.00		
15	Royalties				_ <del></del>
16	Occupancy	4,900.00		4,900.00	
17	Travel	4,006.00	4,006.00		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	25,854.00	25,854.00		
21	Interest	474.00	474.00		
22	Depreciation, depletion, and amortization	474.00	474,00		
23	Insurance	4,210.00		4,210.00	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				Palinealis — turis saa
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Donation/Gifts to Others	2,029.00	2,029.00		
b	Fundraisers	1,234.00		1,234.00	
C					
ď	All athor our appea			4 -4	
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,590.00	472.00.00	1,590.00	
25	Joint costs. Complete this line only if the	510,369.00	475,694.00	34,675.00	
26	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

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	990 (20 art X	Balance Sheet		_	Page 11
	ai L A	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		Oneok ii doneodie o comaino a respondo di nico la ariy iino iii arib i a	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	11,564.00	1	10,007.00
l	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	55,003.00
	4	Accounts receivable, net		4	11,150.00
	5	Loans and other receivables from current and former officers, directors,			
I		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
ľ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	Bunka a sa sana		
ا ۵		organizations (see instructions), Complete Part II of Schedule L	Samuel Comment	6	
Assets	7	Notes and loans receivable, net		7	
Aŝ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	290.00
1	10a	Land, buildings, and equipment: cost or			
ĺ		other basis. Complete Part VI of Schedule D 10a 3,279.00			il la company
- 1	b	Less: accumulated depreciation 10b (760.00)		10c	2,519.00
Į	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11		15	
$\rightarrow$	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,564.00	16	78,969.00
- 1	17 18	Accounts payable and accrued expenses	1,273.00	17 18	55,003.00
Ī	19	Grants payable		19	
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	6.00		
ᅙ		disqualified persons. Complete Part II of Schedule L	60 00-0 and a grant representation appropriate 3 4 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
<u>ا</u> ٿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
Į	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X			
- [		of Schedule D	7,410.00		<u>1,548.00</u>
	26	Total liabilities. Add lines 17 through 25	8,683.00	26	56,551.00
ς, l		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	2 991 00	27	22.419.00
aga	28	Temporarily restricted net assets	2,881.00	28	22,418.00
8	29	Permanently restricted net assets		29	
اَجَ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
누		complete lines 30 through 34.			Control of the Contro
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ne	33	Total net assets or fund balances	2,881.00		22,418.00
	34	Total liabilities and net assets/fund balances	11,564.00	34	78,969.00 Form <b>990</b> (2014)

Form 9	90 (2014)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		529,	117.00
2	Total expenses (must equal Part IX, column (A), line 25)	2		510,	369.00
3	Revenue less expenses. Subtract line 2 from line 1	3		18,	748.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		2,	381.00
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			789.00
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		22,	118.00
Part	XII Financial Statements and Reporting		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	2000		
	reviewed on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	10		
	separate basis, consolidated basis, or both:		r z		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain in			
	Schedule O.		100 mm m	There is a series	A CONTROL OF THE CONT
За		forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			\	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	m <b>99</b> 0	(2014)

Marsha Middleton Attachment #9

OMB No. 1545-0047

Open to Public

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

tame of the organization					Employer identification	number
Alliance for Life - Missouri, Inc.					46-048	
Part I Reason for Public Cha	arity Status (All	organizations must	complet	te this pa	art.) See Instruction	ns.
The organization is not a private found  1	lation because it is ches or association	s: (For lines 1 through on of churches descri	hed in se	ction 17	e cox.) Уb)(1)(A)бі).	•
2 A school described in section					-1-11-16-16-1	
3 A hospital or a cooperative he	ospital service org	anization described in	section	170(b)(1	)(A)(ũi).	
4 A medical research organizat hospital's name, city, and sta	ion operated in co te:	onjunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(i	
5 An organization operated for section 170(b)(1)(A)(iv). (Corr	nplete Part II.)					al unit described in
6 ☐ A federal, state, or local gove 7 ☑ An organization that normally described in section 170(b)(	y receives a subst	tantial part of its sup	in <b>sectio</b> port from	n 170(b) a govern	(1)(A)(v). nmental unit or from	the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An organization that normally receipts from activities related support from gross investment acquired by the organization	ed to its exempt thent income and after June 30, 197	functions—subject to unrelated business to 5. See <b>section 509</b> (a	certain ( taxable ir 1)(2). (Con	exception ncome (le nplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its
<ul> <li>10  An organization organized and</li> <li>11  An organization organized and one or more publicly supports the box in lines 11a through 1</li> </ul>	d operated exclusived organizations d	vely for the benefit of, escribed in section 5	to perform 09(a)(1) or	n the fun r section	ctions of, or to carry 509(a)(2). See sections	on 509(a)(3). Check
a  Type I. A supporting organithe supported organization organization. You must co	(s) the power to re	gularly appoint or ele	led by its ct a majo	supporterity of the	ed organization(s), ty directors or trustee	pically by giving s of the supporting
<ul> <li>Type II. A supporting organ control or management of the organization(s). You must organization</li> </ul>	the supporting org	anization vested in th	nection w le same p	ith its sup ersons th	oported organization nat control or manag	(s), by having e the supported
c Type III functionally integral its supported organization(	rated. A supporting (see instructions	ig organization operation. You must comple	te Part IV	, Section	ns A, D, and E.	
d Type III non-functionally integrated that is not functionally integreed requirement (see instruction	grated. The organiz	zation generally must	satisfy a	distributi	on requirement and :	ed organization(s) an attentiveness
e Check this box if the organ functionally integrated, or T	ization received a	written determination	from the	IRS that	it is a Type I, Type II	i, Type III
f Enter the number of supported	organizations .					[]
g Provide the following informati						
(i) Name of supported organization	(ii) EIN	(described on lines 1–9 above or IRC section	listed in you	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		(see instructions))	Yes	No		
(A)					·	
(B)						
(C)						
(D)						
(E)						
Total						_

Attachment #9

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify-under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (c) 2012 (d) 2013 (e) 2014 Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 529,117.00 3,021,921.00 565,349.00 793,393.00 553,848.00 580,214.00 Tax revenues levied for 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 565,349.00 529,117.00 3,021,921.00 Total, Add lines 1 through 3. . . . 793,393.00 553,848.00 580,214.00 5 The portion of total contributions by person fother than each governmental unit publicly O٢ supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 3,021,921.00 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2012 (d) 2013 (e) 2014 (f) Total (b) 2011 Calendar year (or fiscal year beginning in) (a) 2010 565,349.00 529,117.00 3,021,921.00 Amounts from line 4 . . . . . . . 793,393.00 553,848.00 580,214.00 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . Total support. Add lines 7 through 10 3,021,921.00 11 Gross receipts from related activities, etc. (see instructions) 12 3.021,921.00 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 100 % Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . . 14 15 100 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization V b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014

П

Marsha Middleton Attachment #9

OMB No. 1545-0047

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Alliance for Life - Misso	uri, (nc. 46-0489686				
Organization type (ch					
Filers of:	Section:				
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
or more (in m	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 oney or property) from any one contributor. Complete Parts I and II. See instructions for determining a total contributions.				
Special Rules					
regulations ur 13, 16a, or 16	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the nder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 6b, and that received from any one contributor, during the year, total contributions of the greater of (1) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, d	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Couring An organizat	ion that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.				

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Attachment #9

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page
Name of organization	Employer identification number
Alliance for Life - Missouri, Inc.	46-0489686

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Treasurer State of Missouri  Jefferson City, MO 65102	\$ 395,126.00	Person  Payroll  Noncash  (Complete Part II for
(a)	(b)	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Liberty Women's Clinic  11 N Gallatin  Liberty MO 64068	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*********		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Marsha Middleton

Attachment #9

# OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization te for Life - Missouri, Inc.			46-0489686
	t I Organizations Maintaining Donor Advi	sed Funds or Other Sir	nilar Funds or	
	Complete if the organization answered "			
		(a) Donor advised fund	s	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) . [			
4	Aggregate value at end of year [	-		
5	Did the organization inform all donors and donor	advisors in writing that the	assets held in	donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing	g that grant fund	ls can be used
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			Yes No
Par	t II Conservation Easements.	(A)		
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (e.g., recreati	-		
	Protection of natural habitat	☐ Pres	ervation of a cert	tified historic structure
,	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation	contribution in th	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in (			
				2d   +
3	Number of conservation easements modified, trans tax year ►	ferred, released, extinguish	ed, or terminated	d by the organization during the
4	Number of states where property subject to conserve			
5	Does the organization have a written policy reg	arding the periodic monit	oring, inspection	n, handling of
	violations, and enforcement of the conservation eas			( <del></del>
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing cor	nservation easen	nents during the year
7	Amount of expenses incurred in monitoring, inspect ▶\$			
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requir	ements of section	n 170(h)(4)(B)(i) - · · · □ Yes □ No
9	In Part XIII, describe how the organization reports c	onservation easements in it	ts revenue and e	xpense statement, and
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	f the footnote to the organiz	ation's financial	statements that describes the
Par	Organizations Maintaining Collections		sures, or Othe	r Similar Assets.
	Complete if the organization answered "			
12	If the organization elected, as permitted under SFA			ue statement and balance sheet
10	works of art, historical treasures, or other similar	assets held for public exh	ibition, educatio	n, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo			
b	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relating		•	
	(i) Revenue included in Form 990, Part VIII, line 1	•		> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art,	historical treasures, or oth	ner similar asset	s for financial gain, provide the
_	following amounts required to be reported under SF			• • • • • • • • • • • • • • • • • • • •
а	Revenue included in Form 990, Part VIII, line 1			> \$
	Assets included in Form.990, Part X			
	perwork Reduction Act Notice, see the Instructions for		I. No. 52283D	

-	III Organizations Maintaining	Coll	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	acces	sion, and ot	ther recor	ds, chec	k any of th	e follow	ving that are a s	ignificant u	se of its
-	☐ Public exhibition			di l	□ Loan	or exchang	e proci	rams		
	Scholarly research									
	Preservation for future generations	s								
4	Provide a description of the organiza	tion's	collections a	and expla	in how t	hey further	the org	anization's exer	npt purpos	e in Part
·	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather	solici	it or receive	donation	s of art, part of the	historical tr e organizati	easures	s, or other simila	ar □Yes	□ No
Part						- <del> </del>				
i ui i	Complete if the organization 990. Part X. line 21.	ansv	wered "Yes					<u>.</u>		om
ta	Is the organization an agent, trustee included on Form 990, Part X?						ions or	other assets no	ot 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P	art XII	I and compl	ete the fo	llowing ta	able:	·			
									mount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e		· · · · · · · · · · · · · · · · · · ·	
f	Ending balance	* *					11		2 [] Van	( Ma
2a	Did the organization include an amou	nt on	Form 990, P	art X, line	21, for e	SCrow or Cl	ustociai	account liability	r Li res	
	If "Yes," explain the arrangement in P	art XII	I. Check ner	e if the ex	pianaeo	nas been	Drovide	om ran Am .		
Par	Endowment Funds. Complete if the organization		uanad <sup>a</sup> Vaa	" to Earn	~ 000 E	art IV line	. 10			
	Complete if the organization		Current year		or year	(c) Two year		(d) Three years back	(e) Four ye	ears back
	Out to the of our plants	(0)	Current year	(0) (1)	n yees	(0) 100 700	3 0001	(0) 11.00 ) 0.00	1437.447.7	
1a	Beginning of year balance	<u> </u>		ļ					<del>                                     </del>	·····
b	Contributions	<del> </del>							<del>                                     </del>	
С	Net investment earnings, gains, and losses			].						
ئە	Grants or scholarships		·			,				
d	Other expenditures for facilities and			<del> </del>		,			<del>                                     </del>	
ė	programs									
	Administrative expenses	$\vdash$		<b></b>						-
1	End of year balance	<del> </del>		<del> </del>						
g	Provide the estimated percentage of	the cu	rrent year et	i nd balanc	e (line 10	column (a		as:	_ <del>                                     </del>	
2	Board designated or quasi-endowme	nt 🏲	·	%	c (mas 18	, oolann (a	,,, 110.4			
a b	Permanent endowment	%		10						
	Temporarily restricted endowment									
U	The percentages in lines 2a, 2b, and	2c sho	ould equal 10	00%.						
3a	Are there endowment funds not in th	e pos	session of the	he organi:	zation the	at are held	and ad	ministered for th	ne	
	organization by:			Ü						es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended use									
Pari	VI Land, Buildings, and Equip	omen	it.							
	Complete if the organization	ans	wered "Yes	" to For	n 990, F	art IV, line	11a. S	See Form 990,	Part X, lin	e 10.
****	Description of property		(a) Cost or o (investor	ther basis	(b) Cost	or other basis ther)	(c)	Accumulated epreciation	(d) Book	
1a	Land									
b	Buildings									
C	Leasehold improvements							·		
d	Equipment					3,279.00		(760.00)		2,519.00
e	Other									
Total.	Add lines 1a through 1e. (Column (d) I	nust e	equal Form 9	90, Part	K, columi	1 (B), line 10	Oc.)	🕨 📗		2,519.00
			×					Sch	edute D (Form	990) 2014

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Attachment #9 OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service	<b>▼</b> Infor	mation about Sche	► Attach to Form 990. ► Attach to Form 990. Its instructions is at www.	d Its Instructions I	s at www.irs.gov/form890	1990.	Inspection
Name of the organization							Employer identification number
Alliance for Life - Missouri, Inc.							46-0489688
Part   General Information on Grants and Assistance	on Grants and	Assistance					
he s	in records to subservard the grants	stantiate the amou or assistance?	unt of the grants or	assistance, the g		eligibility for the grants or assistance, and	ice, and · · ☑ Yes ☐ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedur	es for monitoring	the use of grant tu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do y recipient that	<b>mestic Organiz</b> received more ti	zations and Don han \$5,000, Part	nestic Governm Il can be duplic	യ വ	the organization ans pace is needed.	omplete if the organization answered "Yes" to Form 990, dditional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) tRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisa), other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Alpha House	4070	200.0	7 400 00				ATA Control Factoria
(2) Bethany Christian Services							And the state of t
7520 S. Big Bend St. Louis MO	38-1405282	50163	18,781.00				A I A Contract Payments
704 Rt 66 W Waynesville MO	27-3346342	501c3	18,339.00				ATA Contract Payments
(4) Life Choice Center for Women					-		
(5) Lifeline Pregnancy Care Center	43-165/696	bUICS	00.121,00				ATA Contract Payments
1017 Westside Dr Cuba MO	65-1230810	501c3	6,467.00				ATA Contract Payments
(6) Lifeline Pregnancy Help Clinic							
(7) Options Pregnancy Clinic	43-1//0053	90103	00.718,02	And the second section of the section of the section of the second section of the secti		berjam spilostika menemetikan den menementari dere den dette despektivativa den den den den den den den den de	AIA COILLACT AYTHERS
192 Expressway Lane Branson MO	43-1642900	501c3	20,676.00				ATA Contract Payments
(8) Our Lady's Inn							
4223 Compton St. St. Louis, MO	43-1213751	501c3	46,797.00				ATA Contract Payments
(9) Pregnancy Care Center							
(10) Pregnancy Help Center	10 110000	. 4.76	10,000,000	Annual des manuales and a charles and a char			The state of the s
(11) Pregnancy Life Line	92-17 11390	90103	12,303.00			Wherefore the side of the state	AIA Comact rayments
19621 St Hwy 413 Branson West MO	34-1981474	501c3	43,445.00			THE THE PROPERTY OF THE PROPER	ATA Contract Payments
(12) Rachel House	43-1908105	501c3	ባህ ደድረ ሃም				ATA Contract Dayments
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	itions listed in the	ine 1 table		* * * * * * * * * * * * * * * * * * * *	14
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table		•			
For Panerwork Reduction Act Notice, see the instructions for Form 990.	see the instruction	e for Form 990		2	at No coossp		Schedule I (Earm 990) (2014)

Alliance for Life - Missouri, Inc.

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attachment #9

Marsha Middleton

OMB No. 1548-0047

2014
Open to Public
Inspection

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number
46-0489686

]9		The state of the s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			46-0489686
Fair L. General Information on Grants and Assistance	on Grants and	Assistance					The state of the s
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	records to subst	tantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility for	or the grants or assistan	ce, and
the selection criteria used to award the grants or assistance?	ward the grants o	rassistance?					· · Ves INO
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ation's procedure	s for monitoring	the use of grant fu	nds in the United			annyminenter in the factor of
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization	istance to Dor	nestic Organiz	cations and Dom	restic Governm	ents. Complete i	f the organization ans	implete if the organization answered "Yes" to Form 990,
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Women's Clinic of KC	03-0448470	50163	36 168.00				ATA Contract Payments
(2) Thrive St. Louis			Approximation of the second se	. Additional to conversion to conversion to the			
4331 Lindell Blvd St. Louis MO	43-1304395	501c3	53,768,00				ATA Contract Payments
(3)							
(4)	•						
(5)						0	
(6)							
(7)							And the second s
(8)							
(9)							
(10)							
(11)							
(12)					-		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	ernment organiza	ations listed in the l	ine 1 table			
Pap	ee the Instructions	for Form 990.		0	Cat. No. 50055P		Schedule   (Form 990) (2014)

Marsha Middleton Attachment #9

OMB No. 1545-0047

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

Alliance for Life - Missouri, Inc.	46-0489686
Part III 4d - Other program services expenses included portions of compensation to key emp	loyee and other staff; legal services in regards to
a program service; office supplies; travel; information technology; gifts for program service.	
Part VI 11b- The completed 990 is sent electronically to each member of the governing board	for review prior to filing with the IRS.
Part VI 12c - Compliance with the conflict of interest policy is monitored and enforced through	th the regular meetings of the governing board
by review and discussion of any and all potential conflicts. Members with a potential conflict	are not allowed to vote on the agenda item that
results in a conflict of interest.	
Part VI 15a - Compensation determination for the CEO is determined by the governing board	through a process of evaluation of the CEO's job
performance annually and consideration of comparable data of similar organizations and joint performance annually and consideration of comparable data of similar organizations and joint performance annually and consideration of comparable data of similar organizations and joint performance annually and consideration of comparable data of similar organizations.	o function. Records of compensation discussion
and decisions are documented in the minutes of the meeting and kept in the Corporate Reco	rds
Part VI 19 - The organization's governing documents, conflict of interest policy and financial	statements are kept in the Corporate Records of
the Alliance for Life Office and is available for review by the public upon request.	
Part XI 8 - Prior period adjustments were made to the fixed assets and payroll liability.	
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	×

Cost

# Alliance for Life – Missouri, Inc. <u>PRICING PAGE</u>

GEOGRAPHIC REGION 1		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour
2	Home Visit Professional Case Management	\$_60 firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour
	NON-PROFESSIONAL CASE MANA	AGEMENT
4	Face-to-Face Non-Professional Case Management	\$_35 firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$_45 firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hour
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$35_ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125 firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35_ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125 firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$600_ guaranteed not-to-exceed price per client, per month (maximum \$600)
	ADMINISTRATIVE COS	r
14	Administrative Cost	firm, fixed percentage (maximum 8%)

, 4 13 a	GEOGRAPHIC REGION 2		
Item #	Description	Pricing	
	PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$50_firm, fixed price per hour	
2	Home Visit Professional Case Management	\$60_ firm, fixed price per hour	
3	Non Face-to-Face Professional Case Management	\$20_ firm, fixed price per hour	
	NON-PROFESSIONAL CASE MANA	AGEMENT	
4	Face-to-Face Non-Professional Case Management	\$35 firm, fixed price per hour	
5	Home Visit Non-Professional Case Management	\$45_ firm, fixed price per hour	
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hour	
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING	
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_35 firm, fixed price per hour, per client	
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125	
]	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING	
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$_35_ firm, fixed price per hour, per client	
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per group	
	HOUSING		
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)	
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)	
13	Housing Assistance	\$600 guaranteed not-to-exceed price per client, per month (maximum \$600)	
ADMINISTRATIVE COST			
14	Administrative Cost	firm, fixed percentage (maximum 8%)	

GEOGRAPHIC REGION 3			
Item #	Description	Pricing	
	PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour	
2	Home Visit Professional Case Management	\$_60 firm, fixed price per hour	
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour	
	NON-PROFESSIONAL CASE MANA	AGEMENT	
4	Face-to-Face Non-Professional Case Management	\$35 firm, fixed price per hour	
5	Home Visit Non-Professional Case Management	\$45 firm, fixed price per hour	
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hour	
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING	
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_35 firm, fixed price per hour, per client	
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125firm, fixed price per hour, per group	
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING	
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$_35_ firm, fixed price per hour, per client	
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$_125_ firm, fixed price per hour, per group	
	HOUSING		
11	Residential Care	firm, fixed price per day (maximum \$100)	
12	Emergency Shelter Housing	firm, fixed price per day (maximum \$60)	
13	Housing Assistance	\$600_ guaranteed not-to-exceed price per client, per month (maximum \$600)	
	ADMINISTRATIVE COST		
14	Administrative Cost	firm, fixed percentage (maximum 8%)	

	GEOGRAPHIC REGION	
Item #	Description	Pricing
	PROFESSIONAL CASE MANAG	EMENT
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour
. 2	Home Visit Professional Case Management	\$_60 firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour
	NON-PROFESSIONAL CASE MANA	AGEMENT
4	Face-to-Face Non-Professional Case Management	\$_35 firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$_45 firm, fixed price per hou
6	Non Face-to-Face Non-Professional Case Management	\$_20 firm, fixed price per hou
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$35_ firm, fixed price per hour, per clien
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting  \$\frac{125}{\text{firm, fixed price per hour, per}}\$	
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35_ firm, fixed price per hour, per clier
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per grou
	HOUSING	
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$600 guaranteed not-to-exceed price pe client, per month (maximum \$600)
	ADMINISTRATIVE COST	Γ
. 14	Administrative Cost	firm, fixed percentage (maximum 8%)

Item #	Description	Pricing	
PROFESSIONAL CASE MANAGEMENT			
1	Face-to-Face Professional Case Management	\$50_firm, fixed price per hour	
2	Home Visit Professional Case Management	\$60_ firm, fixed price per hour	
3	Non Face-to-Face Professional Case Management	\$20 firm, fixed price pe hour	
-	NON-PROFESSIONAL CASE MANA	AGEMENT	
4	Face-to-Face Non-Professional Case Management	\$35 firm, fixed price per hour	
5	Home Visit Non-Professional Case Management	\$_45 firm, fixed price per hou	
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hou	
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING	
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_35_ firm, fixed price per hour, per clien	
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per group	
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING	
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35_ firm, fixed price per hour, per clien	
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per grou	
	HOUSING		
11	Residential Care	\$100 firm, fixed price per day (maximum \$100)	
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)	
13	Housing Assistance	\$600 guaranteed not-to-exceed price pe client, per month (maximum \$600)	
	ADMINISTRATIVE COS	Γ	
14	Administrative Cost	firm, fixed percentage (maximum 8%)	

9	GEOGRAPHIC REGION 6			
Item #	Description	Pricing		
	PROFESSIONAL CASE MANAGEMENT			
1	Face-to-Face Professional Case Management	\$50firm, fixed price per hour		
2	Home Visit Professional Case Management	\$60 firm, fixed price per hour		
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour		
	NON-PROFESSIONAL CASE MANA	AGEMENT		
4	Face-to-Face Non-Professional Case Management	\$_35 firm, fixed price per hour		
5	Home Visit Non-Professional Case Management	\$45 firm, fixed price per hour		
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hour		
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_35 firm, fixed price per hour, per client		
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$_125_ firm, fixed price per hour, per group		
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$_35_ firm, fixed price per hour, per client		
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$_125_ firm, fixed price per hour, per group		
	HOUSING			
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)		
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)		
13	Housing Assistance	\$600_ guaranteed not-to-exceed price per client, per month (maximum \$600)		
i	ADMINISTRATIVE COS	r		
14	Administrative Cost	firm, fixed percentage (maximum 8%)		

GEOGRAPHIC REGION 7			
Item #	Description	Pricing	
	PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour	
2	Home Visit Professional Case Management	\$_60 firm, fixed price per hour	
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour	
	NON-PROFESSIONAL CASE MANA	AGEMENT	
- 4	Face-to-Face Non-Professional Case Management	\$35 firm, fixed price per hour	
5	Home Visit Non-Professional Case Management	\$45 firm, fixed price per hour	
6	Non Face-to-Face Non-Professional Case Management	\$20 firm, fixed price per hour	
_	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING	
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_35_ firm, fixed price per hour, per client	
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125 firm, fixed price per hour, per group	
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING	
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35_ firm, fixed price per hour, per client	
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per group	
	HOUSING		
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)	
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)	
13	Housing Assistance	\$600_ guaranteed not-to-exceed price per client, per month (maximum \$600)	
	ADMINISTRATIVE COST		
14	Administrative Cost	firm, fixed percentage (maximum 8%)	

GEOGRAPHIC REGION 8				
Item #	Description	Pricing		
	PROFESSIONAL CASE MANAGEMENT			
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour		
2	Home Visit Professional Case Management	\$_60 firm, fixed price per hour		
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour		
	NON-PROFESSIONAL CASE MANA	AGEMENT		
4	Face-to-Face Non-Professional Case Management	\$_35 firm, fixed price per hour		
5	Home Visit Non-Professional Case Management	\$_45 firm, fixed price per hour		
6	Non Face-to-Face Non-Professional Case Management	\$_20 firm, fixed price per hour		
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$35 firm, fixed price per hour, per client		
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per group		
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35 firm, fixed price per hour, per client		
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$125_ firm, fixed price per hour, per group		
	HOUSING			
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)		
12	Emergency Shelter Housing	\$60 firm, fixed price per day (maximum \$60)		
13 .	Housing Assistance	\$600_ guaranteed not-to-exceed price per client, per month (maximum \$600)		
	ADMINISTRATIVE COST			
214	Administrative Cost	firm, fixed percentage (maximum 8%)		

GEOGRAPHIC REGION 9			
Item #	Description	Pricing	
PROFESSIONAL CASE MANAGEMENT			
1	Face-to-Face Professional Case Management	\$_50firm, fixed price per hour	
2	Home Visit Professional Case Management	\$60 firm, fixed price per hour	
3	Non Face-to-Face Professional Case Management	\$_20 firm, fixed price per hour	
	NON-PROFESSIONAL CASE MANA	AGEMENT	
4	Face-to-Face Non-Professional Case Management	\$35 firm, fixed price per hour	
5	Home Visit Non-Professional Case Management	\$45 firm, fixed price per hour	
6	Non Face-to-Face Non-Professional Case Management	\$_20 firm, fixed price per hour	
	PRENATAL PARENT EDUCATION AND PARENT	TING SKILLS TRAINING	
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$35 firm, fixed price per hour, per clien	
. 8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$_125_ firm, fixed price per hour, per group	
	ESTABLISHING AND PROMOTING RESPONSIBL	E PATERNITY TRAINING	
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$35_ firm, fixed price per hour, per clien	
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$_125 firm, fixed price per hour, per grou	
	HOUSING		
11	Residential Care	\$100_ firm, fixed price per day (maximum \$100)	
12	Emergency Shelter Housing	\$60_ firm, fixed price per day (maximum \$60)	
13	Housing Assistance	\$600_ guaranteed not-to-exceed price pe client, per month (maximum \$600)	
	ADMINISTRATIVE COS	Г	
14	Administrative Cost	8_ % firm, fixed percentage (maximum 8%)	

# Vendor's Experience and Reliability and Expertise of Personnel

#### 1 OF 2

## **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted. The Alliance for Life-Missouri came into existence through the networking of pro-life leadership across Missouri. The Alliance was organized to help establish a collaboration among ministries. AFLMO was officially organized as a 501(c)3 in March of 2001and been operating in this capacity for over 15 years.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. The Alliance is a network of pregnancy resource centers, maternity homes, and adoption agencies across Missouri. AFLMO brings the element of collaboration through organizing statewide initiatives which result in benefits for those served. Collective efforts are identified and established that create a stronger impact upon the clients served by the ministries within the AFLMO. Services consist of negotiating for contracts/grants and sub-contracting of those awards, professional development through one day trainings and annual statewide conference events, consulting with startup organizations, board, staff and volunteer development, organization of regional network events and identifying and development of statewide online advertising campaign. Other services include serving as a clearinghouse for resources to be shared within the network. The Alliance website is: www.allianceforlifemissouri.com
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  The Alternatives to Abortion program funds is the only contract held by the Alliance at this time.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. No contracts have been gained or lost by the Alliance in the last 2 years.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Encouraging the formation and maintenance of two-parent families	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. The Alliance consists of a Board of Directors, a CEO, an Executive Assistant, ATA Program Manager and volunteers. In addition, the organizations of pregnancy resource centers, maternity homes and adoption agencies affiliate with the AFLMO. The Alliance itself is affiliated with national organizations that include: Heartbeat International, Care Net, and Life Matters Worldwide, Christian Leadership Alliance and National Institute of Family and Life Advocates.

2 OF 2

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. No such legal proceeding or disputes exist for the Alliance for Life.

#### EXHIBIT B

1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - Alpha House has been in existence since 1989 we were a branch of Bolivar First Baptist Church. We became our own corporation in 1999. We have provided the same services over the years, adding a few along the way. We have a 9 member board, a part time staff of 6 and several volunteers that help keep our organization running smoothly.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - The nature of our business is the decrease the rate of abortion in the counties that we serve, providing accurate education and information as led by the clients' needs. We offer alternatives to abortion, pregnancy and parenting education and support. Material items, fatherhood education, pregnancy testing, pre-natal ultrasound services, and post-abortion mentoring. We also provide education to area middle and high school students with our sexual risk avoidance classes. www.alphahouseprc.org
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.
  - Alternatives to Abortion
- List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
   None
- , 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Providing assistance with job search, connecting with MO job center
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education
Encouraging the formation and maintenance of two- parent families	Fatherhood classes, sessions that promote importance of mom & dad in the house.

2 OF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - 9 member governing Board, Executive Director responsible for day to day operations including fundraising, hiring employees, approving volunteers, budgeting. We are affiliated with the Alliance for Life, CareNet and NIFLA
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

# Alliance for Life – Missouri, Inc. Alternatives Clinic (LCCW) – Region 3

### EXHIBIT B

1 OF 2

## **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Company history: Life Choice Center for Women, then called The LIGHT House Pregnancy Center was founded by a group of women in collaboration with The LIGHT House, a Kansas City based home for unwed mothers, in October 1992. The Center provided lay-counseling, pregnancy testing, one-on-one abstinence education, material assistance, prenatal development classes, parenting classes, job skills training, and referrals to other community agencies. After a year of operation, the need for a local board of directors was recognized. The Center separated from The LIGHT House in January 1994 and the name was changed to The Pregnancy Center. In April of 1998, the name was changed to Life Choice Center for Women because the previous name implied the center was only involved with pregnancy issues. In the fall of 1999, the Center became a Medical Clinic offering ultrasound services with medical personnel on staff. In the spring of 2003, the Center entered into a contractual agreement with Goppert-Trinity Family Care to offer pre-natal care and delivery to clients who desired this service. In late 2006, the Center became a sub-contractor through the Alliance for Life for the State Alternatives to Abortion grant. Life Choice Center for Women as been in business for 23 years.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Life Choice Center for Women d.b.a. Alternatives Clinic provides compassionate care to individuals facing pregnancy related issues by offering resources and practical assistance for life-affirming choices. Material assistance is provided to families with children less than three years of age. Types of services performed include: pregnancy testing; fetal development information; confidential peer counseling; support for family members; limited OB ultrasounds; community referrals; parenting, prenatal, and life skills classes; maternity clothing; infant/toddler clothing; baby furniture; food pantry; post-abortion support; and a prenatal clinic. The Center's website address is: alternativesclinic.org.

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Aside from the Alternatives to Abortion contract, there are no other contracts for similar services.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

No contracts have been lost or gained in the last two years.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide parenting classes, infant and toddler clothing, baby furniture, formula, diapers, baby wipes, baby accessories
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide reference materials, lay counseling and referrals for job preparation, work and marriage
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	One-on-one abstinence counseling is provided to reduce the incidence of out of wedlock pregnancies
Encouraging the formation and maintenance of two- parent families	This is accomplished through educational materials and lay counseling

2 OF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - Life Choice Center For Women operates under the governance of a board of directors consisting of up to nine volunteer members. The Center currently has four paid employees. The Executive Director and the Administrative Assistant are full-time. The Nurse Manager and Part-time Nurse are part-time. Fifteen volunteers work in the Center one day a week. Another thirty+ volunteers help with special projects and fundraising events. The Center partners with Goppert-Trinity Family Care to offer on-site pre-natal care. The Center is affiliated with two national organizations: CareNet and Heartbeat International. The Center is also affiliated with the Alliance For Life on a State level.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.
  - Life Choice Center For Women has not been involved in any type of legal proceedings in the last three years.

# Alliance for Life – Missouri, Inc. Bethany Christian Services – Region 6

#### EXHIBIT B

1 OF 2

#### VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Bethany Christian Services began in Grand Rapids, Michigan in 1944 expanding to Missouri in 1978, with services mostly concentrated on addressing the needs of women with unplanned pregnancies, families interested in infant and international adoption, and providing post adoption services to these families. For the past five years, Bethany of Missouri has purposefully explored ways to expand its services into public sector child welfare services, especially as increasing numbers of referrals have come from at-risk mothers and vulnerable children. The Safe Families for Children program (SFFC), operating in the Greater St. Louis metropolitan area since July of 2010, has been Bethany's first organized effort to become a formal part of the public child welfare system in the Greater St. Louis Area.

In 2014, over 1020 individuals were impacted through services delivered through the Bethany Christian Services' Missouri office.

- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - www.bethany.org . Bethany Christian Services a non-profit social service based agency. Bethany provides the following services: Pregrancy Counseling, Domestic Infant Adoption, International Adoption, Parent Advocacy, Safe Families for Children (Respite Care), Post Adoption Support, and Counseling services for Children and Families.
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

  N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Bethany Christian Services does provide assistance for needy families in many different ways. First, by providing emergency respite care for children whose families are facing crisis including joblessness, homelessness, a medical crisis, utility shut off, etc., These are situations where if the parent does not have a reliable or safe family members or friends to take in their children, the state may step in and take custody of the children. Safe Families for children relies on a network of trained and assessed host families that take these children into their homes to provide respite care while the placing parent works to resolve their crisis. Therefore, deflecting the entrance of the child into foster care and keeping the family unit logisher. Bethany also provides Parent Advocacy services that connects single mothers to vital resources that are necessary to keep their family unit together and stable. This program matches a client with an advocate that is there to provide referrals to resources, encouragement and parent education. The hope is that by the time the parent exils the program they will have the resources they need and also have learned three new parenting skills.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We seek to refer any client that we are working with that needs to obtain a GED or college degree to any program that can provide assistance or training to help them accomplish this. We also refer clients to job training programs as well.
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We encourage moms that we work with to talk to their doctors about reliable birth control and contraception. However, we only encourage and refer we do not establish any goals for moms to obtain birth control as that is a personal choice.
Encouraging the formation and maintenance of two-parent families	Many of the mome that we serve that are exploring an adoption plan are doing so because they desire their child to be raised in a stable two-parent family. Many of our expectant mome, by releasing their children for adoption are placing them in stable two-parent homes.

# Alliance for Life – Missouri, Inc. Bethany Christian Services – Region 6

2 OF 2

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Founded in 1944 in Grand Rapids, Michigan, Bethany Christian Services is a multi-service child and family service agency that operates a nationwide network of 100 offices in 36 states. In 2014, Bethany offices provided services to over 50,000 children and families nationwide including foster care, family preservation, mental health counseling, pregnancy, and adoption services. Bethany is state-licensed as a child placing agency in all states where services are provided and is nationally-accredited by the Council on Accreditation of Agencies for Children and Families (COA.) In Missouri, Bethany has maintained a branch office for 38 years.

Bethany's Missouri branch office is part of Bethany's nationwide network of offices that is governed by a 16 members National Board of Directors and a Branch Board of Directors consisting of 8 local members. Local roles include president, vice president, secretary, and treasurer. All members participate in overseeing the strategic planning of the branch, financial condition, and fundraising efforts. Further governance includes Bethany Christian Services of Missouri being part of a much bigger organization of Bethany Christian Services. Due to the structure, St. Louis is able to utilize marketing, information technology, quality management, human resources, advancement, and staff development. The expertise of all branches is pivotal in assisting Bethany as a whole. The national leadership guides each branch to excel but also allows for autonomy based on the diverse needs of each area. Each branch completes an independent budget that becomes part of the larger budget.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

N/A

4.

N/A

# Alliance for Life – Missouri, Inc. Care Net Pregnancy Resource Center – Region 7

#### EXHIBIT B

# **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - In 2009 we began the process to start a pregnancy center in Neosho. We opened in June 2011. We have been open 5 years.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - All services are free pregnancy tests, limited ultrasound, pregnancy/parenting classes, material assistance.
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.
  - N/A
    List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:		
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives		
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage		
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	al with clients as part of appointment Annual "Mar	
Encouraging the formation and maintenance of two- parent families	Promote marriage to clients who are living together	

- Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
   7 member Board of Directors
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

#### EXHIBIT B

## **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted. The Free Women's Center of Pulaski County (FWC) was incorporated in the State of Missouri on 25 October 2010. The FWC opened its doors on 7 March 2011, seeing its first client on 15 March 2011. The FWC became an A2A subcontractor on 1 August 2012.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. The FWC is a crisis pregnancy center empowering women to make healthy life choices consistent with the intrinsic value of human life, and serves as a leader in the community at large for positive sexual values. The FWC provides pregnancy testing and counseling; pregnancy confirmation through limited diagnostic ultrasound; partnering and support; linkage to community resources; prenatal education; post abortion support; adoption support and material aid. Website: <a href="https://www.freewomenscenter.com">www.freewomenscenter.com</a>
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the f	following (4) purposes: _X_YESNO
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Through the A2A Program, we have provided Housing & Utilities Assistance. We regularly refer clients to Income-Based Housing.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We maintain relationships with business partners through the local Chamber of Commerce to identify job opportunities; assist client with resume preparation; offer Internet access to apply for jobs on-line; and provide clothing as required by the employer.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	In coordination with the Pulaski County Health Center, we give sexual risk avoidance presentations to local 8 <sup>th</sup> grade boys and girls, We also, give such presentations to area youth groups.
Encouraging the formation and maintenance of two-parent families	We have an extensive Men's Mentoring Program and encourage joint attendance in our prenatal education program.

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.The FWC is governed by a Board of Directors with a President, Vice-President, Treasurer, and secretary. The Board has hired and supervises an Executive Director who oversees all development and FWC operations. The Executive Director hires and supervises a Client Service Director who supervises volunteer training and actions.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

# Alliance for Life – Missouri, Inc. Genesis House Maternity Home – Region 2

#### EXHIBIT B

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:	

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - Incorporated 2007 we were born out of a group of people being called to create a place to help women in need. Our doors have been open since Oct. 2013
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - We provide housing for pregnant mothers provide all basic needs & offer parenting, budgeting & nutrition classes. <a href="www.genesishouse2.org">www.genesishouse2.org</a>
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. No other contracts
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives		
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We work on job training, interviewing, etc. We help women find jobs that will be able to support them and their children.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies		
Encouraging the formation and maintenance of two- parent families		

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - We are board operated
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

# Alliance for Life – Missouri, Inc. Golden Valley Door of Hope – Region 3

#### EXHIBIT B

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted. GVDH is a pregnancy resource center that began May 4, 2009 in Clinton, MO. GVDH has been in business for almost 6 years and provides services to Henry County, parts of St. Clair, Pettis and Cass County
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. GVDH provides PRC services. We are a limited medical clinic providing Ultrasound, Pregnancy tests, and STI testing. Other services include parenting classes, abortion recovery, sexual risk avoidance education, resources and referrals. <a href="https://www.qvdoorofhope.org">www.qvdoorofhope.org</a>
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. No contracts have been lost or gained in the past two years.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Works with families referred by the Dept. of Family Services. It is our goal to provide families with the proper tools and support to keep families together or reunite families. Have provided toddler beds, cribs and pack n plays to needing families to provide adequate sleeping equipment for their children.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provides referrals to the Career Center and encourages and helps clients find jobs. Through A2A program, GVDH has been able to help clients with uniforms and interview clothing	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Teaches abstinence based sexual risk avoidance class called CHOICES in 15 schools throughout the area. Counsel clients on healthy practices and encourage clients to make the best choices possible with family planning.	
Encouraging the formation and maintenance of two- parent families	We have a fatherhood program to encourage mothers and fathers to be actively involved in each child's life. It is our belief and practice that a child needs both parents to have the best quality of life.	

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. We are overseen by a Board of Directors. Under our Board of Directors is our Executive Director who oversees the pregnancy center and our partnering companies. Our pregnancy center is overseen by our Center Director and business is conducted through the work of Approximately 30 volunteers who keep the organization running. GVDH is partnering with First Baptist Church in the operation of New Hope Daycare and Preschool. This daycare and preschool serves clients from our pregnancy center by offering state funded or affordable care so parents can finish their education and enter into the workforce with ease.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

# Alliance for Life – Missouri, Inc. Lifeline Pregnancy Care Center – Region 5

#### EXHIBIT B

\_1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Lifeline Pregnancy Care Center was incorporated in the State of Missouri on July 8, 2004. Lifeline PCC opened its doors on October 1, 2007, seeing its first client on October 4, 2007. Lifeline PCC became an A2A subcontractor on August 1, 2012.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Website: www.lifelinepcc.com

#### Lifeline Pregnancy Care Center Program Description

- We provide practical, emotional and spiritual support to women, men, and children (all ages) facing pregnancy and abortion related concerns. This includes, but is not limited to, providing free pregnancy services, adoption referral, care counseling, parenting classes, information on abortion procedures and risks, information on abortion alternatives, post-abortion support and other related programs and services.
- We are a medical facility providing limited ultrasounds for a positive pregnancy test confirmed within 5-14 weeks of LMP, under the standing order of a physician by a trained staff or nurse volunteers on any client meeting the criteria established to determine if a woman has an intrauterine pregnancy and to detect fittal heartbeat.
- We provide abstinence education and information about sexually transmitted diseases to the
  public, concentrating on pre-teens and teens in local school systems.
- We hope to continue supplying our A2A clients with funds to pay utility bills, gas for doctor
  appointments and parenting class appointments, baby items, college classes, and any other bills
  as the need arises.
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

  N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

# Alliance for Life – Missouri, Inc. Lifeline Pregnancy Care Center – Region 5

2 OF 2

Not-for-profit entity that promotes one or more of the	following (4) purposes: _X_YESNO
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Through the A2A Program, we have provided Housing & Utilities Assistance. We regularly refer clients to Income-Based Housing.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We maintain relationships with business partners through the local Chamber of Commerce and the Crawford County Coalition to identify job opportunities; assist client with resume preparation; offer Internet access to apply for jobs on-line; and provide clothing as required by the employer.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We give sexual risk avoidance presentations to local High School Students. We also, give such presentations to area youth groups.
Encouraging the formation and maintenance of two-parent families	We have an extensive Men's Mentoring Program and encourage joint attendance in our prenatal education program.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Lifeline PCC is governed by a Board of Directors with a President, Vice-President, Treasurer, and Secretary. The Board has hired and supervises an Executive Director who oversees all development and operations. The Executive Director hires and supervises on Executive Assistant who supervises volunteers and daily office management.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

None

# Alliance for Life – Missouri, Inc. Lifeline Pregnancy Help Clinic – Region 2

#### EXHIBIT B

# **VENDOR INFORMATION**

The vendor should	provide the following	information about the	vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Lifeline Pregnancy Help Clinic has been serving women, men and families across Northeast Missouri for the past 18 years. Founded and incorporated in June 1997, the organization has serve hundreds of clients throughout its history.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

As a pregnancy help medical clinic, Lifeline provides a wide variety of free and confidential services related to-unexpected pregnancy, including: pregnancy tests, limited obstetrical ultrasound, pregnancy options counseling, prenatal and parenting education, baby and maternity supplies, post-abortion support program, fatherhood program, adoption referral, healthcaré and social services referral and assistance, teen parent support group, and school-based abstinence education program. More information can be obtained by visiting <a href="http://lifelinepregnancyhelp.org">http://lifelinepregnancyhelp.org</a>.

- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. For those inquiring for assistance or help outside of a reasonable driving distance, Lifeline Pregnancy Help Clinic keeps a complete resource list and will make referrals to similar agencies that may be closer to the individual seeking assistance. In addition, for those clients that may be relocating to another part of the state, Lifeline will works to get them transferred to another Alternatives to Abortion provider in the area in which they are moving.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A

In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the f	following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives		
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage		
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Through our school-based abstinence education program we serve nearly 20 schools in 9 NEMO counties.	
Encouraging the formation and maintenance of two- parent families		

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Lifeline Pregnancy Help Clinic is a non-profit, 501(c)3 organization that is governed by a volunteer Board of Directors. The organization employs two full-time and four part-time employees and also utilizes various volunteer roles.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

# Alliance for Life – Missouri, Inc. Metro Pregnancy Resource Services – Region 6

#### EXHIBIT B

## **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - Metro Associates, Inc (MAI) was founded in 1978. Through specific program, MAI programs reach and assist individuals, families and organizations in urban communities who need help.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - MAI offers various programs including educational, food, clothing assistance, pregnancy testing, peer counseling & support, advocacy and referrals.
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. N/A
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: XYESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide educational information, food, clothing and other items for needy individuals and families.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide educational information, scholarships, job preparation information, marriage & family mentoring, referrals.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Mentoring, relationship education and coaching, life skills, information and education	
Encouraging the formation and maintenance of two- parent families	Marriage & family education & mentoring	

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - Board of Directors with staff reporting to Board of Directors
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  None

# Alliance for Life – Missouri, Inc. Our Lady's Inn – Region 6

#### EXHIBIT B

1 OF 2

#### VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

A small group of caring men and women banded together, and in 1981 Our Lady's Inn was incorporated, with a vision to provide a safe haven for pregnant women in a crisis pregnancy who found themselves abandoned and homeless because of the pregnancy. They were determined to meet an unmet community need and endeavored to provide a loving and safe home for these women to reside in and give birth with dignity. With this urgent mission, we opened our first residential shelter on January 22, 1982. We currently operate two maternity homes, one in the urban core of St. Louis City, and a second location in Defiance, MO. Between our two homes, 30 pregnant women and their children are sheltered and cared for each day. In addition to the two residential shelters, we operate three long-term Transitional Housing Apartments serving families who successfully complete our residential program and need further housing and social services support to transition into independent living. In 2009, we opened a resale store, "Twice Blessed", as a social enterprise conveniently located about a block from the St. Louis home. It provides an opportunity for our residents to gain much needed job experience and develop job skills, while serving as a small funding stream. We have a strong and proven record of success working with this vulnerable population.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Our Lady's Inn is a 501 © 3 charitable organization that provides shelter and support services to homeless pregnant women aged 18 and older and their dependent children. Our services include preand post-natal nursing care; counseling and case management; vocational and educational guidance; housing and addictions treatment referrals; and essential basic needs such as food, clothing, baby items, and furniture. We also offer classes on a variety of topics including, but not limited to: childbirth, parenting, budgeting, smoking cessation, breastfeeding and well-baby care.

#### Website - www.ourladysinn.org

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Our Lady's Inn has contracts with the Children's Resource Board of St. Charles County and the St. Louis County Children's Service Fund to provide housing and case management to the children in our shelter from those counties.

Our Lady's Inn has also received small ESG, Child/Adult Food Care Program, Housing Resources Commission, Children's Trust Fund, and Affordable Housing Trust Fund grants from the City of

St. Louis and/or St. Louis County to provide services to the homeless as well as from the Community Assistance Board of St. Charles County.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

The contracts mentioned above were secured through a competitive grants application process. They are not guaranteed, nor are they necessarily awarded to the same organizations annually.

During the last two years, we have not lost any of these grants.

2 OF 2

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	N/A	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	The goal for the homeless mothers and their children who seek our shelter is to transition out of crisis and move toward stability. Women without a high school diploma or GED, without marketable employment skills, lacking coping skills to handle behavioral health issues, recovering from addiction and/or suffering the effects of domestic violence, need intense, professional services designed to meet individual needs. Homeless mothers find these services at OLI where trained, professional staff and high-quality supportive services are specifically targeted to serve this unique population. OLI provides services including GED training, resume building and interviewing skills, transportation to and from interviews and appropriate clothing for interviews. OLI also gives the clients referrals for childcare so they are able to work when they find a job.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	N/A	
Encouraging the formation and maintenance of two- parent families	N/A	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Our Lady's Inn is an independent 501 © 3 charitable organization overseen by a board of directors (maximum number of 20). Our Lady's Inn operates two maternity homes, a small transitional housing program and two resale stores.

- -A Board of Directors list and Organizational Chart are attached.
- -Our Lady's Inn completed the accreditation process with CARF International and in 2015 was awarded its top level of accreditation a three year accreditation, for the second time in a row.
- -Our Lady's Inn is a member of Heartbeat International.
- -Our Lady's Inn is an active participant in the Continuums of Care for St. Louis City, St. Louis County and St. Charles County.
- -Our Lady's Inn is a member of the Alliance for Life Coalition.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

# Alliance for Life – Missouri, Inc. Options Pregnancy Center – Region 7

#### EXHIBIT B

1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted. Options Pregnancy Center was established on December 7, 2005 and has been healthily functioning for the past 10 years. Options mission is a commitment to providing resources for crisis pregnancies and educational support for the community.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Medical: Pregnancy testing, ultrasound and medical referrals for pre-natal care.

- Expectant mom mentoring: Compassionate long-term mentoring to prepare for parenting or adoption.
- Building healthy babies nutrition: Comprehensive nutrition education for healthy birthweight babies. Including education on folic acid, safe sleep, immunizations, shaken baby, and substance abuse.
- Single mom relationships: coaching single moms to invest in their pregnancy and their babies.
- Couple relationships: Coaching couples to invest in their relationship to benefit their children.
- Healthy pregnancy classes: Teaching expectant, moms to invest in their pregnancy and their babies.
- Labor and Birth classes: Training expectant moms to prepare for childbirth.
- Lactation Consulting: Teaching techniques of breastfeeding to clients through one-on-one support.
- Smoke-free babies: Educating expectant moms, dads, grandparents, and significant others
- Parents and the law: Increasing success to live within the law, protect children from abuse, and use law to protect families.
- Financial counseling: Educating families with money management skills for a strong financial future.
- Expectant father classes: Empowering expectant fathers to manage anger, cope with stress, maintain healthy relationships, and interact in a nurturing and positive manner with their child.
- Community Referral Network: Connecting clients with local community resources. www.opcofava.org
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes

purposes.	- PANICAL -		
Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO			
Purposes Identify specific information about experience:	nce: Clearly identify and describe the experience		
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives			
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage			
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education for non-married clients		
Encouraging the formation and maintenance of two- parent families	Couple training provided when both parents attend classes		

# Alliance for Life – Missouri, Inc. Options Pregnancy Center – Region 7

2 OF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - Options is a 501c3 non-profit organization governed by a board of directors including a board chairman, vice chairman, secretary, and treasurer. The Executive Director oversees the day to day operations and together with staff and the members of the board to ensure proper and effective functioning of the organization. We have no pending legal issues to report.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  None

# Alliance for Life – Missouri, Inc. Options Clinic (Branson) – Region 7

#### EXHIBIT B

#### **VENDOR INFORMATION**

The vendor should	provide the following	information about the	vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - Opened in 1994, now 22 years
- Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - Serve women facing unplanned pregnancy with free pregnancy test, ultrasound & parenting education. www.optionspregnancyclinic.com
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Earn While You Learn promotes positive parenting skills and provides basic needs.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage		
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies		
Encouraging the formation and maintenance of two-parent families		

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - Board of Directors, Executive Director, Staff, Volunteers
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

Alliance for Life – Missouri, Inc. Options for Women – Region 9

The yendor should provide the following information about the vendor's organization:

officially opened for business in May 2014 with a public open house and a grand opening exemptry.

#### EXHIBIT B

#### **VENDOR INFORMATION**

1.	Provide a brief company history, including the founding date and number of years in business as currently
	constituted. Agroup of individuals formed a board and started incorporation fling in the state of Missouri in January 2013. Filing for tex exempt status from federal income tex as a 501x3 was started at
	the same time. Options for Women was recognized by the state of Missouri, Office of Secretary of State, with a continues of incorporation as a Missouri neappole on January 25, 2013.
	Recognition as a 501c3 was recieved on March 9,2014. Office space was secured and remodeled in late 2013 for Options for Women pregnancy help center. Options for Women, Help for Families

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Options for Women is committed to serving women and families who are facing unplanned pregnancies. Our vision is to see life valued and families strengthened. Services include pregnancy testing, first trimester limited ultrasound, peer advocacy, educational information regarding abortion alternative choices, parenting classes, material support and community/medical referrals. All services are free and confidential.

The client website address is: www.optionsforwomencape.com. The partner website address is: www.afirmitiecape.org

- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Options for Women has no other contracts at this time.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. None
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting classes provided to support needy families and include the opportunity to obtain material goods. Resource referrals are provided to clients, including information related to assistance available in the community.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Case management is provided to clients to assist with a variety of needs including job availability and training, medical care and any other identified needs.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	*	
Encouraging the formation and maintenance of two- parent families	Parenting classes include class sessions for couples to encourage and support co-parenting of children	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Options for Women is governed by a 10 member Board of Directors. The organization is a member of the local Chamber of Commerce. Options for Women partners with a variety of area social service providers and churches in order to serve clients. Options for Women is an affiliate of Heartbeat International and Alliance for Life.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

Alliance for Life – Missouri, Inc. Pregnancy Care Center – Region 7

# EXHIBIT B

1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

The Pregnancy Care Center (PCC) was founded in 1998 to address an increase in teen pregnancies and an increase in the number of child abuse and neglect cass in the Springfield area. PCC opened its doors in April 2000 to provide vital health and education resources to young people facing an unplanned pregnancy. Since then PCC has expanded its services to include seven counties in Southwest Missouri. PCC now has 12 full-time and 12 part-time staff members.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The PCC is a non-profit whose mission is to provide pregnancy and relationship education to better the health and wellness of young people in Southwest Missouri. In the past 16 years, PCC has provided more than 285,000 health, wellness, and relationship services to young people in need.

The Healthy Families, Healthy Babies program offers a comprehensive set of services and resources for at-risk young women, men and their families facing an unplanned pregnancy

Pregnancy Testing

Ultrasound services

Case management assessmen t

Healthy pregnancy classes

Healthy relationship education

Smoking cessation

Baby and maternity supplies

Family support program

Crisis Intervention

Child abuse & neglect prevention

Nutrition education

Lactation consulting

Individual mentoring

Fatherhood 365

The Choices Prevention & Healthy Relationship Project equips over 12,000 teens a year with skills to avoid risky behaviors, develop decision-making & refusal skills, provide character education, and present the latest medical research on sexually transmitted infections. www.pccchoices.org

- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

  No contracts have been gained or lost.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting 101 class; one-on-one mentoring; client incentives; client assistance with diapers, wipes, clothing, and formula; healthy and nutrition classes	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Connection to community resources; job preparation, relationship classes; fatherhood program	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education in the schools; relationship education; personal development classes.	
Encouraging the formation and maintenance of two- parent families	Relationship education classes and fatherhood program.	

2 OF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - PCC is overseen by a Board of Directors made up of professional and business individuals from the community. The Board provides leadership on PCC programs, projects and operations in addition to creating long-range plans for the growth and development of PCC Liz McIntire, CEO, is CPA with many year of experience in leadership, consulting & business relations. Kimberly Costello, Director of Development, has been with PCC in for 16 years and has 25 years experience in donor development, organization management, and fundraising. Ms. McIntire and Ms. Costello manage 12 full time and 12 part time staff.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  None

Alliance for Life – Missouri, Inc. Pregnancy Help Center – Region 4

#### EXHIBIT B

#### **VENDOR INFORMATION**

The vendor should provide the	following information about the v	rendor's organization:	

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - PHC has been in operation since 1989.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - We are a pregnancy help center, offering help with unplanned pregnancies. www.pregnancyhelpcenters.com
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  We are a subcontractor with Alliance for Life through June 2016.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
  - To help us provide some of the services for the women coming to our facility.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We offer Parenting, Life Skills, and other classes to promote client self sufficency.
Encouraging the formation and maintenance of two- parent families	We offer Classes promoting fatherhood and two parent families.

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - We have a governing board, and operate as a 501c3 ministry.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  None.

Alliance for Life – Missouri, Inc. Pregnancy LifeLine – Region 7

#### EXHIBIT B

1 OF 2

## **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

  Pregnancy Life Line (PLL) has been reaching out to those facing an unplanned pregnancy for twelve years. Founded in April 2004, Pregnancy Life Line (PLL) began fundraising and community education immediately. Pregnancy Life Line (PLL) miraculously opened their doors with a donated ultrasound machine and the first set of parenting class curriculum, eventually adding the sexual health education program and the men's mentoring program.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. Pregnancy Life Line (PLL) provides services which allow our clients to make the choice to continue their pregnancy. This allows for increasing the number of healthy birth weight babies, reducing abuse and foster care placement, increasing high school retention, strengthening positive fatherhood characteristics and delaying the onset of sexual activity. This is achieved by offering free services which include: pregnancy testing, first trimester educational ultrasounds, referrals, prenatal education, parenting education, mentoring with client advocates who bring a broad spectrum of positive life skills, men's mentoring program and sexual health education. www.pll.us.com (client website)
- Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.
   Alliance for Life Alternatives to Abortion is the only contract Pregnancy Life Line (PLL) has.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. None
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	PLL assists in identifying specific client needs in the home. We collaborate with area agencies to help meet emergent needs either through referral or PLL provision. Some of these needs include providing baby supplies, safe sleep environments, car seats, and heat, electric and rent assistance. Education on obtaining quality child care is provided.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	PLL provides classes on searching, applying and interviewing for employment. PLL collaborates with the Missouri Career Center, their WIOIA Youth program, the local GED program and with Jobs for Life,
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	PLL collaboratively provides Sexual Health Education in local schools. PLL staff hold conversations and provide information regarding ways to prevent an unintended pregnancy with those clients having a negative pregnancy test result.
Encouraging the formation and maintenance of two-parent families	Relationship classes are held for both the mother and the father of the baby. Women's mentoring is provided as the client faces various relationship challenges. Our Man2Man Program offers education and mentoring to the father of the baby in understanding his roles and responsibilities. Domestic Violence assessments are completed and appropriate assistance is offered.

2 OF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

  Pregnancy Life Line is governed by a board of directors.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  None

#### EXHIBIT B

1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - The Pregnancy Resource Center of Mountain Grove was founded in 2009. We have been in business for 7 years as of this date.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - We are non-profit ministry dedicated to the sanctity of human life. We exist to provide alternatives to abortion in the form of peer counseling, emotional support, parenting education, adoption information and referrals, other professional community referrals and material resources for moms and babies (diapers, baby clothes, etc). Website address is www.prcofmg.org
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	By providing parenting education at our center and one-on-one mentoring, we do hope to give families the support they need to care for their children themselves.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.	
Preventing and reducing the incidence of out-of- wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.	
Encouraging the formation and maintenance of two-parent families	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.	

2 FOF 2

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - The Pregnancy Resource Center is governed by an 11-member Board of Directors. The Executive Director oversees the day-to-day operation of the organization and the Nurse Manager oversees the medical services, under the supervision of our Medical Director (a local physician).
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

#### EXHIBIT B

#### VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

- Provide a brief company history, including the founding date and number of years in business as currently constituted.
   Company History Rachel House began as the LIGHTHouse of Blue Springs, under the umbrella ministry of the LIGHTHouse Maternity Home. We incorporated as Rachel House Pregnancy Resource Centers, Inc. In February of 1998. We have been operating under that name for the last 18 years.
- Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. Rachel House is dedicated to meeting the physical, emotional and spiritual needs of those experiencing an unplanned pregnancy. Our goal is to help them make the best choice for their pregnancy, their future and the future of their child. We provide free pregnancy tests, ultrasounds and education related to parenting and pregnancy. Our website is
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting classes & community referrals, needs referrals, counseling/referrals	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage		
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education, sex education taught to clients	
Encouraging the formation and maintenance of two- parent families		

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. Rachel House is a 501c3 under federal law. We are governed by a 10 member board of
  - directors. Eight of our 20 employees are full-time. There is not a parent/subsidiary affiliation
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  There has been no legal proceedings involving our company and none are pending.

Alliance for Life – Missouri, Inc. Riverways PRC – Region 5

#### EXHIBIT B

### **VENDOR INFORMATION**

The vendor should	provide the following	information about the	vendor's organization:
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- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

  Provide a brief company history, including the founding date ad number of years in business as currently constituted.

  Riverways Pregnancy Resource Center opened in 2002 in Salem, Missouri. We have served Dent and surrounding counties for 14 years.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

  Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address.

  Riverways PRC is a non-profit organization. We provide parenting and pre-natal care education, professional and non-professional case management, material resources and referrals to assist women in carrying their pregnancy to term.

  Website: riverwaysprc.org
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

parposes.		
Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide education to promote prenatal care & positive parenting. Provide material resources and referrals.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide case management education, address educational attainment concerns & encourage training & education.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies		
Encouraging the formation and maintenance of two- parent families	*	

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

  Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organizations, corporate trade affiliations, any parent/subsidiary affiliations with other firms etc.

  Riverways PRC is governed by a Board of Directors which meets 6 times each year.

  Daily center oversight is management by the center's executive director.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

  N/A

#### EXHIBIT B

#### VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - ThriVe St. Louis was founded in 1993. Originally starting with pregnancy options counseling and pregnancy testing. ThriVe added first trimester ultrasounds and has morphed into providing more medical services. Full gestational ultrasounds began in 2011 and STD testing began in June 2012. Three physical building locations exist. In addition, we have 3 Medical Mobile centers. While the pregnancy centers are a large part of what we do. we also have a Best Choice Sexual Integrity program and Post Abortive support groups.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - Within the Pregnancy centers/MMCs, free pregnancy testing, ultrasounds, options counseling. STD education and testing are given. Additionally, ThriVe offers prenatal/parenting skills curriculum called "Parent University" with an 11 month rotating curriculum. An intensive case Management program (A2A) is available to extremely high need clients, as well.
  - The Best Choice program serves middle school and high school students within public and private schools, churches and organizations. They discuss sexual integrity, healthy relationships and provide STD information and education.
  - ThriVe also conducts many post abortion support groups throughout the year. These classes are based on number interested and are very small in order to keep a safe environment for these women to feel free to share.

    www.thrivestlouis.org
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide support through case management and client services, our Parent University classes and tangible assistance through A2A
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	These specific area goals are set within our A2A program. Additionally, job preparedness is also covered in PU classes
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Best Choice Sexual Integrity program focusing on healthy choices, abstinence, healthy relationships and STI prevention. A2A program referrals/goal setting & PU curriculum
Encouraging the formation and maintenance of two- parent families	Same as above

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. ThriVe's structure of organization includes a Board of Directors and the President.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

Alliance for Life – Missouri, Inc. The Women's Clinic – Region 3

#### EXHIBIT B

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted. Since 2004 TWC of KC has provided prevention education & character education to youth, medical crisis intervention & family support & development for unplanned pregnancies.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the véndor's website address, if any. Pregnancy help center providing free pregnancy tests, ultra sounds, limited STD testing, as well as education & support. www.thewomensclinic.net
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

  Alternatives to Abortion
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Net-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives		
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Offer classes on: resume writing, dressing & interviewing for success, aptitude classes, where to go to find jobs.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	In school & after school risk avoidance program. Family support services offers healthy relationship education & pre-conception care & birth spacing classes.	
Encouraging the formation and maintenance of two- parent families	Marriage prep classes & healthy relationship education classes	

- 6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
  - 501c3 overseen by two M.D.s & Board of Directors. Executive Director, Director of Operations, Director of Clinic Services, Nurse Manager.
- 7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. N/A

#### EXHIBIT B

1 OF 2

#### **VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

- 1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
  - The Tri-County Pregnancy Resource Center was officially opened on October 10<sup>th</sup> 2010. We have currently been in business about 5 and ½ years.
- 2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
  - TCPRC provides services to pregnant women and their families. We offer a free pregnancy test and verification of pregnancy, limited ultrasound up to 14 weeks gestation, STD testing and treatment, pregnancy education (pregnancy, labor, birth, postpartum, parenting skills, breastfeeding, etc), fatherhood classes, and abstinence education in the local schools. Website: www.tcprc.com
- 3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. We have a contract with Missouri State University's Abstinence Education Program to provide abstinence education in our local schools.
- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. We gained the MSU AEP contract in 2014/2015. This contract provides the funds to pay our instructors to go into the schools and teach the approved AEP curriculum. We were awarded this contract because our philosophy coincided with that of the MSU AEP program and it allowed us to be paid for services that we were already providing in our center.
- 5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: _X_YESNO		
Purposes Identify specific information about experience:	Clearly identify and describe the experience	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide parenting education so that parents are prepared to deal with children once they are born.	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Assist our clients with finding resources in the community that help with job preparation, and job placement. We offer relationship education and support for our clients and promote marriage.	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We offer abstinence education in the schools where we promote abstinence until marriage and offer information on making good relationship choices. This same information is shared with all our STD testing clients.	
Encouraging the formation and maintenance of two- parent families	Provide abstinence and relationship education and advocate for abstinence until marriage.	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. Our organization has a board of directors made up of 5 members currently. Our Director,

assistant to the Director, and our ultrasounographer make up the paid members of our staff. All other work is performed by volunteers.

Marsha Middleton

Alliance for Life – Missouri, Inc. Tri-County PRC – Region 7

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2 OF 2

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. N/A

## EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Marsha J Middleton, CEO			
Name and Title of Authorized	Representative		
Marsharty	niddleton -	03-22-2016	
Signature Signature	The state of the s	Date	

# Alliance for Life – Missouri, Inc. Alpha House – Region 7

Marsha Middleton

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Page 62

#### EXHIBIT C

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and income taxation pursuant to the United States Internal Reven	by signing below, that the vender use Code".	is "exempt from
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Signature	3-2-110 Date	
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## Alliance for Life – Missouri, Inc. Alternatives Clinic (LCCW) – Region 3

Marsha Middleton

From: LIFE CHOICE CENTER

To:18558565240

03/08/2016 16:48

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RFPS30034901600477

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Name and Title of Authorized Representative

\_\_\_\_

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Page 62

#### EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

	CHOLSON	DRECTOR	
Name and Title of Autho	rized Representative		
Donna	Necholsin	318114	
Signature		. Date / /	

Marsha Middleton

#### RFPS30034901600477

# Alliance for Life – Missouri, Inc. Care Net Pregnancy Resource Center – Region 7

RFPS30034901600477

Page 62

#### EXHIBIT C

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Margaret Nollsch-Director

Jame and Title of Authorized Representative

Margaret Nollsch

Jame

Date

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Page 62

#### EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

the vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

George D. Heib, Executive Director, Free Women's Center of Pulaski County

Name and Title of Authorized Representative

Signuture

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## Alliance for Life – Missouri, Inc. Genesis House Maternity Home – Region 2

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## EXHIBITE

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The render certifies, by submission of the proposal and by signing below, that the render is "exempt from acome maxima pursuant to the United States Internal Revenue Code"

Army Ackman-Houseparent

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## Alliance for Life – Missouri, Inc. Golden Valley Door of Hope – Region 3

Marsha Middleton

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Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Melanie Mills Center Director

Name and Title of Authorized Representative

Ullanic Multe
Signature

Date

## Alliance for Life – Missouri, Inc. Lifeline Pregnancy Care Center – Region 5

Marsha Middleton

Mar. 14. 2016 3:11PM

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No. 0194 P. 5

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Page 62

#### **EXHIBIT C**

### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vender certifies, by submission of the proposal and by signing below, that the vender is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Lori Amato, Executive Director, Lifeline Pregnancy Care Center

Name and Title of Authorized Representative

3-14-16

Signature

Date

# Alliance for Life – Missouri, Inc Lifeline Pregnancy Help clinic – Region 2

Marsha Middleton

Mar. 3. 2016 1:26PM

Lifeline Pregnancy Help Clinic

No. 2357 P. 5

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Page 62

## EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below	(t)at	the	ABUNIOL	1\$	exempt from
Income regation pursuant to the United States Internal Revenue Code".					

Breans Hunt, Executive Name and Title of Authorized Representative	Director
Brann Aur	3/4   16

## Alliance for Life – Missouri, Inc. Metro Pregnancy Resource Center – Region 6

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Page 62

#### EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

THEODORE BOCDIN, JR. VICE PRESIDENT OF OPERATIONS Name and Title of Authorized Representative

Signature Talda

Date

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Peggy Forset, Executive Divector

Name and like of Authorized Representative

Rygy femel

Signature

Date

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Codo".

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FROM : LIVING ALTERNATIVES PREGNANCY FAX NO.

Mar. 16 2016 04:00PM P3

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Page 62

#### EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Jeanie Williams Tree Dir

Jeanie William

Date

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from accome taxation pursuant to the United States Internal Revenue Code".

Michelle Scheer Executive Director
Name and Title of Authorized Representative

Michelle Scheer Executive Director
3/8/2016

## Alliance for Life – Missouri, Inc. Pregnancy Care Center – Region 7

Marsha Middleton

RFPS30034901600477

Page 62

#### EXHIDIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income examina nursuant to the United States Internal Revenue Code".

Kimberly Costella, Development Ductor Name and Title of Authorized Representative

Timbel Castell

3-14-16

Erma Moenkhoff/ Executive Director

Page 62

#### EXHIBIT C

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue-Code".

Name and Title of Auth	norized Representative		A STATE OF THE PARTY OF THE PAR
Eme	Truenkhop	3/3/2016	
Signature	00	Date	

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from moome taxation pursuant to the United States Internal Revenue Code".

Name and Tine of Authorized Representative

3-8-16

Signature

Date

# Alliance for Life – Missouri, Inc. Pregnancy Resource Center Mt. Grove – Region 8

Marsha Middleton

RFPS30034901600477

Page 62

#### EXHIBIT C

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from meome taxation pursuant to the United States Internal Revenue Code".

Brand James Execusive Director

Name and Title of Authorized Representative

Date

Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from moome taxation pursuant to the United States Internal Revenue Code".

Name and Title of Authorized Representative

\*\*Paccus Educards\*\*

Signature\*

Natch 8, 2016

Date

## Alliance for Life – Missouri, Inc. Riverways Pregnancy Resource Center – Region 5

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Page 62

#### EXHIBIT C

# CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from meome taxation pursuant to the United States Internal Revenue Code".

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Page 62

#### EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Regina L Wooten Az A Administrator

Name and Title of Authorized Representative

Regina L Wooten 3/13/16

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Alliance for Life – Missouri, Inc. The Women's Clinic – Region 3

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## EXHIBIT C

#### CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXABLUS

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Name and Title of Authorized Representative

Signature

Date

Clinic Occets

Chinic Occets

Date

# Alliance for Life – Missouri, Inc. Tri-County Pregnancy Resource Center – Region 7

Marsha Middleton

Mar 15 16 02:09p

Tri County pregnancy

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#### EXHIBIT C

## CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Name and Title of Authorized Representative

90/100

Signature

Date

## EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name:Alliance for Life - Missouri, Inc(if reference is for a Subcontractor):				
Reference Information (Current/Prior Services Performed For:)				
Name of Reference Company/Client:	State of Missouri, Office of Administration, Commissioner's Office			
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65101			
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft, 573-751-8502, Emily.Kraft@oa.mo.gov			
Title/Name of Service/Contract	Alternatives to Abortion Program			
Dates of Service/Contract:	June 2006 to present			
If service/contract has terminated, specify reason:				
Size of Service such as:  Number of Individuals Being Served Total Annual Value/Volume	Approximately 6400 unduplicated clients served since June 2006.			
Size of Service/Contract (in terms of vendor's total amount of business)	95%			
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Serve the State of Missouri  Alliance for Life sub-contracts with its affiliate ministries across Missouri to fulfill the requirements of the contract. See sub-contractors completed Exhibit D.			
Personnel Assigned to Service/Contract (include position title):	Marsha Middleton, CEO, Alternatives to Abortion Program Director Carrie Hoelscher, Alternatives to Abortion Program Manager			

## EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Alpha House (if reference is for a Subcontractor):  Reference Information (Current/Prior Services Performed For:)		
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract: If service/contract has terminated, specify reason:	July 2015 - Current	
Size of Service such as:  V Number of Individuals Being Served  Total Annual Value/Volume	Currently 20 clients are enrolled July 2015 – current \$7,451.13	
Size of Service/Contract (in terms of vendor's total amount of business)	\$13,000	
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategie objective	Counties served: Polk, Cedar, Dade, Dallas, Hickory Population approx.: 80,000 Provide services to help women in unplanned pregnancies through case management, material assistance, parenting & relationship classes, financial assistance	
Personnel Assigned to Service/Contract (include position title):	Casey Stinley - Client Services Director  Amanda Patterson - Executive Director	

## Alliance for Life – Missouri, Inc. Alternatives Clinic (LCCW) – Region 3

## EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Life Choice Center For Women d.b.a Alternatives Clinic (if reference is for a Subcontractor):  Reference Information (Current/Prior Services Performed For:)		
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract: If service/contract has terminated, specify reason:	FY 2007 – Present	
Size of Service such as:  V Number of Individuals Being Served  Total Annual Value/Volume	9 \$12,717.04	
Size of Service/Contract (in terms of vendor's total amount of business)	7%	
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Population Served: 1,439,641 Counties Served: Cass, Bates, Jackson, Vernon & Johnson Services Performed: Case management, material assistance, parenting classes and financial assistance. Duties: Provide case management, classes, material assistance, referrals, financial assistance & provide reporting to AFL and the State. Objective: To reduce the number of abortions in our region.	
Personnel Assigned to Service/Contract (include position title):	Linda Freeland, Non-Professional Case Manager, Point of Contact Angie Preston, Professional Case Manager, Program Administrator Teresa Haffner, Professional Case Manager Stephanie Surls, Non- Professional Case Manager	

## **EXHIBIT D**

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Bethany Christian Services of Missouri (if reference is for a Subcontractor):			
Reference Information (Current/Prior Services Performed For:)			
Name of Reference Company/Client:	Alliance for Life		
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034		
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton		
Title/Name of Service/Contract	Alternatives to Abortion		
Dates of Service/Contract:  If service/contract has terminated, specify reason:	July 2015 – Current		
Size of Service such as:  Number of Individuals Being Served Total Annual Value/Volume	Average 80-100 clients/year		
Size of Service/Contract (in terms of vendor's total amount of business)	\$30,000		
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	*Expectant mothers: parent advocacy & education, pregnancy counseling, adoption education, financial assistance  *Entire State of Missouri  *Provide education & support so expectant mothers maintain a healthy pregnancy, have the resources they need to care for their baby or have the resources they need to make an informed adoption plan.		
Personnel Assigned to Service/Contract (include position title):	Aimee Travers, Program Supervisor; Bree Hampton, Pregnancy Counselor; Tiffany Donohue, Pregnancy Counselor; Andrea Reynolds, Regional Specialist; Kim Stewart, Regional Specialist; Donna Nicholson, Branch Manager		

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### EXHIBIT D

# **CURRENT/PRIOR EXPERIENCE**

(if reference is for a Subcontractor):  Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Pregnancy tests, pregnancy/parenting one-on-one classes, material assistance Newton & McDonald Counties
Personnel Assigned to Service/Contract (include position title):	Margaret Nollsch, Director

### **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion (A2A) Program
Dates of Service/Contract:  If service/contract has terminated, specify reason:	1 August 2011 – current
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	40 current clients ~80 Annually
Size of Service/Contract (in terms of vendor's total amount of business)	29%
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Serve Pulaski and surrounding Counties (50,000)  Provide pregnancy testing, limited idagnostic ultrasound, peer counseling, financial and material assistance, prenatal education & parenting classes, adoption referral, post-abortion counseling, and abstinence until marriage education.  Empower individuals to make life-affirming choices based ont eh intrinsic value of human life.
Personnel Assigned to Service/Contract (include position title):	George Heib, Executive Director; Amanda Boberg, Client Services Director; Heather Trusty, Professional Case Manager, RN, BSN; Sarah Mize, Professional Case Manager, RN, BSN; and Danielle Fowers, Professional Case Manager, RN

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### EXHIBIT D

### **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	
Dates of Service/Contract:	•
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	We serve between 3-5 clients per year \$68,000
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	We serve homeless pregnant women by providing housing, food, transporation & offering classes in parenting, budgeting, nutrition, and we help them find jobs.  We serve all of Missouri
Personnel Assigned to Service/Contract (include position title):	Amy Ackman, House Parent

### **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 2014 – current
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	28 individual clients served over contract period \$12,000 per year
Size of Service/Contract (in terms of vendor's total amount of business)	Contract serves approximately 10% of GVDH's clientele per year. Funding is approximately 10% of our center's budget each year.
Description of Services Performed, such as:	Serving need/under-resourced families providing prenatal and parenting education as well as resources and referrals.
<ul> <li>✓ Population Served</li> <li>✓ Type of Services Performed</li> <li>✓ Geographic Area Served</li> <li>✓ Vendor's specific duties and strategie objective</li> </ul>	Serving Henry, St. Clair, Cass, and Pettis Counties
	Objective is to strengthen families by providing education supports.
Personnel Assigned to Service/Contract (include position title):	Melanie Mills, Center Director

### **CURRENT/PRIOR EXPERIENCE**

Refer	Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Alliance for Life	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion (A2A) Program	
Dates of Service/Contract:	August 1 2011 - present	
If service/contract has terminated, specify reason:		
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	8 current clients ~20 Annually	
Size of Service/Contract (in terms of vendor's total amount of business)	25%	
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Serve Crawford, Franklin and Gasconade Counties (150,000)  Provide pregnancy testing, limited diagnostic ultrasound, care counseling, financial and material assistance, prenatal education & parenting classes, adoption referral, post-abortion counseling, and abstinence until marriage education.  Empower individuals to make life-affirming choices based on the intrinsic value of human life.	
Personnel Assigned to Service/Contract (include position title):	Lori Amato, Executive Director Sherry King, Executive Assistant Angela Crawford, Professional Case Manager	

## Alliance for Life – Missouri, Inc. Lifeline Pregnancy Help Clinic – Region 2

# EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:  If service/contract has terminated, specify reason:	July 2015 – Current
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Serving approximately 25 women/year with contract
Size of Service/Contract (in terms of vendor's total amount of business)	\$28,000
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Providing case management and prenatal and parenting education to abortion vulnerable facing unexpected pregnancies. Northeast Missouri counties served – Adair, Knox, Macon, Putnam, Sullivan, Schuyler, Scotland
Personnel Assigned to Service/Contract (include position title):	Breanne Hunt – Executive Director  Kris Polovich, RN – Nurse manager  Patty Jordan, RN – Clinic Nurse

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### EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Metro Associates Inc (MAI) Operating as Metro Pregnancy Resource Services (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:  Number of Individuals Being Served Total Annual Value/Volume	75-150
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Population served is over 200,000 Urban South St. Louis, MO Provide services through various programs for community care, growth, education, health and revitalization
Personnel Assigned to Service/Contract (include position title):	Pat Upchurch, Executive Director

## **CURRENT/PRIOR EXPERIENCE**

Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	MO Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	7/1/14 - 6/30/16
If service/contract has terminated, specify reason:	ì
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Approx. 130 women annually
Size of Service/Contract (in terms of vendor's total amount of business)	A2A represented 8% of the clients served in the 2014-2015 grand allocation
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Our Lady's Inn serves women, ages 18 and over, who are homeless and pregnant, including women who have other dependent children. Operating two maternity homes, we are able to shelter 30 families at a time. We provide: a safe home; pre- and post-natal nursing care; counseling and case management; vocational and educational guidance; housing and addictions tratment referrals; and essential basic needs such as good clothing, baby items and furniture. Additionally, we provide classes on budgeting, childbirth, smoking cessation breastfeeding, well-baby care, and sexuality. We also network with a variety of agencies in the community such as Parents as Teachers and Nurses for Newborns. The geographic area is primarily the St. Louis metropolitar area including St. Charles, Lincoln and Warren Counties. The specific objective is to provide housing and services to high-risk pregnant women to try to ensure a healthy pregnancy and delivery of their babies. Healthy pregnancies and delivery of healthy full term babies have a positive impact on reduction of the infant mortality rate which is much too high in Missouri. We do this by providing the comprehensive services listed above.
Personnel Assigned to Service/Contract (include position title):	Mary Laubengayer, St. Louis Program Director  Angelica O'Neill, St. Charles Program Director  Helen Risse, MSN, Staff Nurse  Kathy Pimmel, RN, Staff Nurse  Belinda James, MSW, Counselor

### **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:  If service/contract has terminated, specify reason:	July 2014 - present
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	32 individuals \$18,000
Size of Service/Contract (in terms of vendor's total amount of business)	25%
Description of Services Performed, such as:  Population Served  Type of Services Performed Geographic Area Served  Vendor's specific duties and shategic objective	Population served: 32,499  Douglas & Wright County  Provide resources for crisis pregnancies & educational support for the community
Personnel Assigned to Service/Contract (include position title):	Mary Seewald, Nurse Manager Lacey Wallace, Executive Director

Alliance for Life – Missouri, Inc. Options Clinic – Region 7

### EXHIBIT D

### **CURRENT/PRIOR EXPERIENCE**

Refero	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:  If service/contract has terminated, specify reason:	July 2015 – current
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	16 females currently being served \$31,163.51 Total Annual Value
Size of Service/Contract (in terms of vendor's total amount of business)	\$31,163.51
Description of Services Performed, such as:  / Population Served / Type of Services Performed / Geographic Area Served / Vendor's specific duties and strategic objective	Population served – girls & women who find themselves in an unplanned pregnancy  Types of services – Earn While You Learn, case management, ultrasounds  Geographic area – Taney county  Objectives – offer parenting classes assist in keeping baby, help find jobs, safe housing, financial assistance
Personnel Assigned to Service/Contract (include position title):	Christina Todd, Professional Case Manager

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Options For Women (if reference is for a Subcontractor):  Reference Information (Current/Prior Services Performed For:)	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	None
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	() · ·
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategie objective	
Personnel Assigned to Service/Contract (include position title):	

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Pregnancy Care Center (if reference is for a Subcontractor):  Reference Information (Current/Prior Services Performed For:)	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Since 2012 PCC has served 56 clients through the A2A program. Currently the program is serving 17 clients
Size of Service/Contract (in terms of vendor's total amount of business)	5% of clients actively involved in PCC programming elect to participate in the A2A program
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant females ages 12-35 and acknowledged fathers of baby.  Services specific duties: Professional and non-professional case management assessment (initial and ongoing), mentoring, healthy pregnancy, nutrition, labor & birth, parenting classes, assistance w/emergency housing, utilities, material resources.  A2A Geographic Area Served #7 – Barry, Christian, Greene, Lawrence, Polk, Stone, Webster
Personnel Assigned to Service/Contract (include position title):	Lisa McIntire, Chief Executive Officer; Kimberly Costelo, Director of Development; Janet Doss, A2A Coordinator

### **CURRENT/PRIOR EXPERIENCE**

Refero	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:  If service/contract has terminated, specify reason:	June 2015 – June 2016
Size of Service such as:  V Number of Individuals Being Served  Total Annual Value/Volume	5 20%
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Three County Area served: 86,000  Services provided: pregnancy tests, ultrasounds, classes, baby items such as diapers, wipes, baby clothes, maternity clothes  Geographic area: Camden, Miller, Morgan counties
Personnel Assigned to Service/Contract (include position title):	Erma Moenkhoff, Executive Director Julie Dorman, Case Manager-Intake

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Pregnancy Life Line (if reference is for a Subcontractor):		
Reference Information (Current/Prior Services Performed For:)		
Name of Reference Company/Client:	Alliance for Life	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract:  If service/contract has terminated, specify reason:	July 2015 – June 206	
Size of Service such as:  Number of Individuals Being Served Total Annual Value/Volume	38 in 2015	
Size of Service/Contract (in terms of vendor's total amount of business)	32%	
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Population served: 31,297 Services Performed: pregnancy tests, 1 <sup>st</sup> trimester educational ultrasounds, prenatal and parenting classes, Man2Man classes, mentoring, sexual health education Counties Served: primarily Stone, occasionally Taney, Christian, Green and Barry	
Personnel Assigned to Service/Contract (include position title):	Sherry Long, Administrator/Client Advocate	

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### EXHIBIT D

## **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Alliance for Life	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract:	7/2012 – 6/2016	
If service/contract has terminated, specify reason:		
Size of Service such as:  V Number of Individuals Being Served  Total Annual Value/Volume	Approx. 25-30% \$17,387.26	
Size of Service/Contract (in terms of vendor's total amount of business)	Approx. 30+ clients for the 2016 cycle ending June 2016	
Description of Services- Performed, such as:  / Population Served / Type of Services Performed / Geographic Area Served / Vendor's specific duties and strategie objective	The A2A program allows us to provide one-on-one professional case management, classes and resources to those clients who are most abortion-vulnerable. These clients are educated on topics such as smoking cessation, safe sleep and birth spacing. Referrals are given for adoption agencies if the client feels they are unable to parent their child. They receive monthly follow up and needs are addressed such as making sure they have adequate housing, health insurance, food, gas/transportation, and continual screenings are performed for domestic violence concerns. Through A2A we have provided clients assistance with pursuing their GED or enrolling in college courses and finding jobs. We have also been able to assist clients with new baby items above and beyond what we might normally receive in donations, such as a new pack-and-play if baby does not have a safe place to sleep	
Personnel Assigned to Service/Contract (include position title):	Brandi Jarrett, Executive Director Rachelle Garrison, RN, BSN, Nurse Manager	

## **CURRENT/PRIOR EXPERIENCE**

Vendor Name or Subcontractor Name: Rachel House PRC (if reference is for a Subcontractor):	
Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 1 – June 30 annually
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	80-90 annually Through A2A 90 % of clients using – about 7% of positive test clients
Size of Service/Contract (in terms of vendor's total amount of business)	\$75,000
Description of Services Performed, such as:	Population Served: Services offered in the great Kansas City Area approximately 1 million
<ul> <li>✓ Population Served</li> <li>✓ Type of Services Performed</li> <li>✓ Geographic Area Served</li> <li>✓ Vendor's specific duties and strategic objective</li> </ul>	Types of Services: Pregnancy tests, ultrasounds, education, referrals
	Duties: Accurate recording & reporting of data
Personnel Assigned to Service/Contract (include	Alissa Gross, VP Client Services
position title):	Kelly Jones, Education Manager

Alliance for Life – Missouri, Inc. Riverways PRC – Regions 5

### EXHIBIT D

### CURRENT/PRIOR EXPERIENCE

Refero	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:  If service/contract has terminated, specify reason:	7/1/2015 — 6/30/2016
Size of Service such as:  Number of Individuals Being Served  Total Annual Value/Volume	10 \$700/person
Size of Service/Contract (in terms of vendor's total amount of business)	\$7,000
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and Etratogic objective	Provide case management, educational programs, community referrals, supplies to assist women in Dent County in continuing their pregnancies.  To improve pregnancy outcomes, encourage healthy choices, and promote self-sufficiency
Personnel Assigned to Service/Contract (include position title):	Carol Durk, Director Paula Scheck, Professional Case Manager, RN

### **CURRENT/PRIOR EXPERIENCE**

Refere	ence Information (Current/Prior Services Performed For:)
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	FY 2005 - present
If service/contract has terminated, specify reason:	
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	YTD 25 \$64,848.80
Size of Service/Contract (in terms of vendor's total amount of business)	As it pertains to FY 2015 and ThriVe St. Louis as a whole, 2.08%
Description of Services Performed, such as:  ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Within the A2A program, clients in high financial need are served. Our goal within this program is to come alongside abortion minded/abortion vulnerable women and set goals in order to bring them to a better financial situation and have positive pregnancy outcomes
Personnel Assigned to Service/Contract (include position title):	Regina Wooten – Prof Case manager & Program Administrator  Julie Guariglia – Prof Case manager  Carolyn Kuntz – Prof Case manager  Carla Hagan – Prof Case manager

## **CURRENT/PRIOR EXPERIENCE**

Refero	nce Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Alliance for Life	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, marsha@allianceforlifemissouri.com	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract:	July 2015 – June 2016	
If service/contract has terminated, specify reason:		
Size of Service such as:  ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	18 currently 98 annually	
Size of Service/Contract (in terms of vendor's total amount of business)	Approximately 7 %	
Description of Services Performed, such as:  Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	6 Counties, 1.8 million  Medical services for unplanned pregnancy such as ultrasound, pregnancy limited STD testing, community referrals, A2A program, youth preventuation & character education.  Jackson, Cass, Clay, Platte, Wyandotte, Johnson Counties  To provide quality care and support women and families in unplanned pregnand reduce abortions	
Personnel Assigned to Service/Contract (include position title):	Lise Strobel, Program Manager	

## **CURRENT/PRIOR EXPERIENCE**

Refero	ence Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Missouri State University Abstinence Education Program	
Address of Reference Company/Client:	901 S. National Ave Springfield, MO 65897	
Reference Contact Person Name, Phone #, and E-mail Address:	Carrie Lines, 417-836-5645, cllines@missouristate.edu	
Title/Name of Service/Contract	FYI for Teens and Parents, Sexual Risk Avoidance Education	
Dates of Service/Contract:	2014-2015 to present	
If service/contract has terminated, specify reason:		
Size of Service such as:  V Number of Individuals Being Served  Total Annual Value/Volume	2015 – approx. 430 students Approx. \$7,000.00	
Size of Service/Contract (in terms of vendor's total amount of business)	10%	
Description of Services Performed, such as:  / Population Served / Type of Services Performed / Geographic Area Served / Vendor's specific duties and strategic objective	8th-10 <sup>th</sup> grade, male and female  Monett, Verona, Aurora MO  Education  Send in Subcontractor Instructors to teach 8 day curriculum approved	
Personnel Assigned to Service/Contract (include position title):	Mark Holland, instructor  Karen Helling, instructor  Vee Ann Prevo, instructor	

Title of Position: Alliance for Life CEO, Alternatives to Abortion Program Director		
Name of Person:	Marsha Middleton	
Educational Degree (s): include college or university, major, and dates	High school graduate; college courses.	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Heartbeat Life-Affirming Specialist/Consultant	
Specialized Training Completed.	Non-Profit Board of Directors Trainer/Consultant	
# of years experience in area of service proposed to provide:	Over 26 years experience in the area of pregnancy care services, management and administrative with 9 ½ years specifically with the Alternatives to Abortion program.	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of the Alliance for Life for 8 years.	
Describe this person's responsibilities over the past 12 months.	Serve as the CEO for the Alliance for Life. Serve as the Alternatives to Abortion Program Director providing overall oversight for the contract and services provided.	
Previous employer(s), positions, and dates	Rachel House Pregnancy Resource Center, Alternatives to Abortion Manager 2006 to 2007. Self-employed 2005 to 2007. Laclede County PSC Executive Director 1990 to 2005.	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
<ul> <li>✓ Early childhood development</li> </ul>	Taught parenting classes through role at the Pregnancy Center.	
✓ Family/marital counseling		
✓ Social work		
✓ Case management	Worked with clients of the Pregnancy Center.  Executive Director of the Pregnancy Center. Managed the	
✓ Program administration	Alternatives to Abortion Program for a Pregnancy Center.  Currently overseeing the Alternatives to Abortion Program and serving as CEO developing and administering programs and services for our affiliates through AFL.	

Title of Position: Alternatives to Abortion Program Manager	
Name of Person:	Carrie Hoelscher
Educational Degree (s): include college or university, major, and dates	3 years of college in psychology and applied sciences.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	,
# of years experience in area of service proposed to provide:	1 ½ years as AFLMO ATA Program Manager
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 1 ½ years
Describe this person's responsibilities over the past 12 months.	Monitoring, invoicing, and review of the ATA program services and database.
Previous employer(s), positions, and dates	The Powell Family Foundation and Keen Foundation, administrative assistant, 1998 – 2008.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Preschool teacher
✓ Family/marital counseling ✓ Social work	
✓ Social work ✓ Case management	
✓ Program administration	1998 – 2008 and 2014 to present

Title of Position: Point Of Contact		
Name of Person:	Casey Stinley	
Educational Degree (s): include - college or university, major, and dates	B. S. Southwest Baptist Univ in Psychology & Criminal Justice, May 2008	
License(s)/Certification(s), #(s), expiration date(s), if applicable:		
Specialized Training Completed.	36 hour edu. M.S. mental health counseling	
# of years experience in area of service proposed to provide:	2	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee Client Services Director 2 years	
Describe this person's responsibilities over the past 12 months.	A2A case management, data entry	
Previous employer(s), positions, and dates	Humansville R-IV Schools, '08 - '12 Guidance Counselor	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Early childhood development	'05-'08 various classes on development (undergrad)	
✓ Family/marital counseling	'11 grad class "Marriage & Family", practicum w/couples	
✓ Social work	'13-present Client Services Director	
✓ Case management	'13-present Client Services Director	
✓ Program administration	'13-present Client Services Director	

Title of Position: Professional Case Manager		
Name of Person:	Kryschell Bel	
Educational Degree (s): include college or university, major, and dates	RN, St. John's School of Nursing, May 1994	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN 131694, April 2017	
Specialized Training Completed.	Fetal Monitor Certified Breast Feeding Educator Certified Baby Massage Educator	
# of years experience in area of service proposed to provide:	21	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer	
Describe this person's responsibilities over the past 12 months.	A2A intakes, post-partum depression scale, birthing outcomes	
Previous employer(s), positions, and dates	CMH 1994-2014:  Med-Surg '94-'95  Birth Place '95-'07  Edu. Services '07-'14	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Early childhood development	Oldest child of 9, Edu. In infant development '95-'07	
✓ Family/marital counseling	7	
✓ Social work ✓ Case management	Edu. In social work class '90-'91	
✓ Case management ✓ Program administration	Childbirth Program Supervisor '07-'14, Nursing Orientation Program Admin '07-'14	

Title of Position: Professional Case Manager	
Name of Person:	Angie Preston
Educational Degree (s): include college or university, major, and dates	Bachelor of Science - Nursing, 1996, Univ of Missouri-Columbia, Sinclair School of Nursing
License(s)/Certification(s), #(s), expiration date(s), if applicable:	State of MO Registered Professional Nurse - 143372, expires 4/30/17
Specialized Training Completed.	Crisis Pregnancy Coaching Series 101 & 102 - Light University
# of years experience in area of service proposed to provide:	9
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A Program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management & Program Administrator
Previous employer(s), positions, and dates	Heartland Hospice 2005-present Adrian Manor 1999-2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul> <li>✓ Early childhood development</li> <li>✓ Family/marital counseling</li> <li>✓ Social work</li> </ul>	
✓ Case management ✓ Program administration	Case management for A2A 2006-present

Title of Position:	Non-Professional Case Manager
Name of Person:	Linda Freeland
Educational Degree (s): include college or university, major, and dates	Webster University BA-Management, 1998 Johnson County Community College, AA-Business Admin.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis Pregnancy Coaching, series 101 & 201, Light University
# of years experience in area of service proposed to provide:	7
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management, Point of Contact
Previous employer(s), positions, and dates	Children International, Telecommunications Marketing Manager 2002-2006 Marketing Coordinator 1999-2002 Senior Marketing Asst. 1997-1999
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul> <li>✓ Early childhood development</li> <li>✓ Family/marital counseling</li> <li>✓ Social work</li> </ul>	
✓ Case management ✓ Program administration	Case management for A2A, 2001-present

Title of Position: Pregnancy Counselor	
Brycsyn Hamptom	
DePaul University, BA in Sociology, 2000	
·	
*	
4 1/2	
Pregnancy counselor at Bethany that works in a program that utilizes the A2A fund program 9 months	
Pregnancy counselor that counsels, supports, & educates moms on adoption & parenting options for their unborn babies	
N/A	
Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
4 ½ years	
4 ½ years	

Title of Position: Program Supervisor	
Name of Person:	Aimee Travers
Educational Degree (s): include college or university, major, and dates	Master of Arts in Counseling, Covenant Theological Seminary, 2004
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	12 years, supervise the programs at Bethany that utilize the A2A fund program
Describe this person's responsibilities over the past 12 months.	Supervise pregnancy counseling, parent advocacy, adoption, and SafeFamilies for Children programs
Previous employer(s), positions, and dates	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	2004-present
Case management	2004-present
✓ Program administration	2013-present

Title of Position:	Director/A2A Program Manager
Name of Person:	Margaret Nollsch
Educational Degree (s): include college or university, major, and dates	AA Degree G.S. Cochise College 1990
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Care Net Peer Counseling
# of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Affiliate with Alliance For Life since 2011
Describe this person's responsibilities over the past 12 months.	Center Director
Previous employer(s), positions, and dates	Care net Pregnancy Center Cochise County, Assistant Director, '03-'08
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
Early childhood development	
✓ Family/marital counseling ✓ Social work	Peer counseling 2001-current, pregnancy center
✓ Case management	1 cor componing 2001-current, programmy center
✓ Program administration	Pregnancy center director 2011-current

Title of Position: RN/Case Manager	
Name of Person:	Lisa Brown
Educational Degree (s): include college or university, major, and dates	APRN Degree May '10, Penn Valley Community College, Kansas City
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MO RN 2010022047, expires 2017
Specialized Training Completed.	Will be graduating in Aug '16 with Bachelor Degree in Nursing
# of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	3 ½ years Lisa runs our ultrasounds
Describe this person's responsibilities over the past 12 months.	Ultrasounds
Previous employer(s), positions, and dates	Freeman Hospital 5/10-10/12 Access Medical Care 2012-current
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling ✓ Social work	
✓ Case management	'12-current educate on chronic illness & community referrals
✓ Program administration	

Title of Position: Executive Director.	
Name of Person:	George D. Heib
Educational Degree (s): include college or university, major, and dates	Business Administration, BS, Campbell University, 1983
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	30+ years military & professional career experience
# of years experience in area of service proposed to provide:	Same as above
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor program Point of Contact & Administrator
Describe this person's responsibilities over the past 12 months.	Non professional case manager Subcontractor Administrator / Database Review
Previous employer(s), positions, and dates	U.S. Army 1983-2003 Concurrent Technologies 2003-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	I Di
✓ Social work ✓ Case management	5 yrs as Executive Director 4 ½ yrs as a Non-Professional Case Manager
✓ Program administration	30+ yrs experience in military, industry, nonprofit organization

Title of Position	on:Professional Case Manager
Name of Person:	Danielle Fowers, RN
Educational Degree (s): include college or university, major, and dates	ASN, Brigham Young Univ., 1992 BSN, Brigham Young Univ., 2017
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	2
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor Professional Case Manager
Describe this person's responsibilities over the past 12 months.	Professional Case Manager
Previous employer(s), positions, and dates	None
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	3 years
✓ Family/marital counseling	3 years
✓ Social work	2 years
✓ Case management	2 years
✓ Program administration	none

Title of Position: Family Nurse Practitioner	
Name of Person:	Margaret Ernest
Educational Degree (s): include college or university, major, and dates	Masters of Science in Nursing, 2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, license #107525 Family Nurse Practitioner, license #2013007665
Specialized Training Completed.	Family Nurse Practitioner
# of years experience in area of service proposed to provide:	Dec 2012 – March 2016
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Board of Directors of Genesis House
Describe this person's responsibilities over the past 12 months.	Care of wellness health, disease management & chronic illness of the family from birth to death.
Previous employer(s), positions, and dates	Northeast Regional Medical Center 1996 – current
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Registered nursing education with specialty training in family medicine
✓ Family/marital counseling	
✓ Social work	
✓ Case management	,
✓ Program administration	Masters of Business, William Woods University

Genesis House Maternity Home - Region 2

## EXHIBIT E

# **EXPERTISE OF KEY PERSONNEL**

Title of Position: House Parent	
Name of Person:	Amy Ackman
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	·
# of years experience in area of service proposed to provide:	2 ½ years working as a house parent 7 ½ years as a parent
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	I have worked with Genesis House for 2 ½ years
Describe this person's responsibilities over the past 12 months.	Caring for all household duties, teaching parenting classes, attending Drs appts, anything that needs done requiring residential care.
Previous employer(s), positions, and dates	Former owner of The Good Book-Christian book store 2004-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling ✓ Social work	
✓ Social work ✓ Case management	
✓ Program administration	

Title of Position: Center Director	
Name of Person:	Melanie Mills
Educational Degree (s): include college or university, major, and dates	Bachelor of Social Work, Park University 2012-2015
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	3
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer 1 year Employee 2 years
Describe this person's responsibilities over the past 12 months.	Director of GVDH's Pregnancy Center
Previous employer(s), positions, and dates	Community Employment 2011-2012 Bella Vita Salon & Spa 2011-2012 Cato 2009-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	Bachelor's Degree, past 4 years
✓ Case management	Past 2 years
✓ Program administration	Past 2 years

Title of Position: Registered Nurse	
Name of Person:	Dolores Tillman
Educational Degree (s): include college or university, major, and dates	Registered Nurse
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License # 030169
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	30+ years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Head Nurse
Describe this person's responsibilities over the past 12 months.	Works with Dr. on all medical services provided by our clinic
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management ✓ Program administration	

Title of Position: Case Manager	
Name of Person:	Angela Crawford
Educational Degree (s): include college or university, major, and dates	Master of Social Work, 2010 BS in Sociology in Organizational Leadership, 2007
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15+ years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 year
Describe this person's responsibilities over the past 12 months.	Client case management, counseling advocacy, resource development
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul> <li>✓ Early childhood development</li> </ul>	
✓ Family/marital counseling	
✓ Social work	15+ years
✓ Case management	15+ years
✓ Program administration	<u> </u>

Title of Position: Program Manager	
Name of Person:	Lori Amato
Educational Degree (s): include college or university, major, and dates	Bedford University, Master's Christian Counseling, 9/1/2007
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified through AACC Association of Christian Counselors, Expires 1/1/2017
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Affiliate of Alliance for Life and a subcontractor of Alternatives to Abortion since 2011
Describe this person's responsibilities over the past 12 months.	Center Executive Director/A2A Program Manager .
Previous employer(s), positions, and dates	First Baptist Church, Cuba MO, Office Manager 2001-2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	Family & Marital Counseling 2001-current
✓ Social work	Social work/client Advocate for Lifeline PCC 2004-current
✓ Case management	Case manager for Lifeline PCC & A2A program 2007-current
✓ Program administration	Program Manager/Executive Director for Lifeline PCC & A2A 2011-current

Title of Position: Program Oversight	
Name of Person:	Breanne Hunt
Educational Degree (s): include college or university, major, and dates	MBA – TUI University, 2008
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	CPR, Protective Factors Framework
# of years experience in area of service proposed to provide:	8
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Have worked with Alliance for Life as Subcontractor for A2A program for the past 8 years
Describe this person's responsibilities over the past 12 months.	Organizational and Program Administration
Previous employer(s), positions, and dates	Preferred Family Healthcare, Prevention Program Coordinator 2006-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Oversight of education program, licensed foster parent
✓ Family/marital counseling	
✓ Social work	Oversight of client accommand for various programs
✓ Case management ✓ Program administration	Oversight of client case management for various programs  8 years as Executive Director

Title of Position:	Professional Case Manager
Name of Person:	Kristine Polovich, RN
Educational Degree (s): include college or university, major, and dates	BSN, University of Missouri, 1988
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Registered Nurse, License #128590
Specialized Training Completed.	CPR, Protective Factors Framework, ultrasound certified
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Served as professional case manager for A2A for 3 years
Describe this person's responsibilities over the past 12 months.	Professional case management and assessment of A2A clients
Previous employer(s), positions, and dates	University of Missouri Hospital, OR Nurse
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Clinic prenatal parenting educator, certified sonographer
✓ Family/marital counseling ✓ Social work	
✓ Case management	3 yrs A2A case management experience
✓ Program administration	3 yrs as clinic manager, client services oversight

Title of Position: Non Professional Case Manager	
Name of Person:	Pat Upchurch
Educational Degree (s): include college or university, major, and dates	BS in Business Administration & Management Informational Systems
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis counseling: Relationship Family Educator
# of years experience in area of service proposed to provide:	13
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor
Describe this person's responsibilities over the past 12 months.	Establishing Metro Pregnancy Resource Services
Previous employer(s), positions, and dates	Pregnancy Resource Centers, ThriVe St. Louis, Director/VP 1998-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Instructor 2002 – present
✓ Family/marital counseling	Facilitator/Mentor 2002 – present
✓ Social work ✓ Case management	A2A 2006 – 2013 A2A 2006 – 2013
✓ Case management ✓ Program administration	Pregnancy center programs/services & A2A 2000 - present

Title of Position: Professional Case Manager	
Name of Person:	Carrie Head, RN
Educational Degree (s): include college or university, major, and dates	St. Louis Univ. School of Nursing Diploma 1996 Assoc. Applied Science, Nursing, Community College 1986
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License # 105036 Pregnancy Counseling Certificate – PRC of Greater St.Louis 2001
Specialized Training Completed.	Instructor: CAN, CMT, Level med.insulin, home health nursing - precertification analyst
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor .
Describe this person's responsibilities over the past 12 months.	Prenatal/postnatal education, Client advocacy, case management
Previous employer(s), positions, and dates	PRC 2001 – present Almost Home 2012 - present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Instructor
✓ Family/marital counseling	Facilitation @ PRC
✓ Social work	Case management in hospital, home health & pregnancy center
✓ Case management	Case management in hospital, home health & pregnancy center
✓ Program administration	Fulfilled program requirements that we participated in

Title of Position: Program Director	
Name of Person:	Angelica O'Neill, MA, NCC
Educational Degree (s): include college or university, major, and dates	BA, General Studies, Univ of St. Thomas, Houston TX 2000 Masters, Professional Counseling, Lindenwood Univ, 2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	National Certified Counselor; National Counseling Exam, May 2010- present
Specialized Training Completed.	Early childhood development, childhood abuse, neglect, grief, trauma, divorce and emotional disturbances including family interventions.
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee tenure began in July 2011
Describe this person's responsibilities over the past 12 months.	Management, Supervising & training of staff; development of policies, procedures & treatment plans, accreditation & compliance reviews.
Previous employer(s), positions, and dates	Crider Health Center, school based mental health specialist, 2010-2011 Foster Care case manager, 2006-2010 Healthy Families Initiative, Community Support Worker, 2005-2006 TX Dept of Family & Protective Services, Invest. caseworker, 2004-2005
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Taught and modeled appropriate infant/child care, development and interactions between mom and child through Healthy Families curriculum, 2005-2006
✓ Family/marital counseling	Worked with children experiencing grief and loss of family members through death, incarceration & neighborhood violence, 2009-2011
✓ Social work	2004-present, see above work history
✓ Case management	2004-present, see above work history
✓ Program administration	2012-present, OLI, see the above responsibilities over the past 12 mos.

Title of Position: Registered Nurse	
Name of Person:	Helen Risse, RN, BSN, MSN
Educational Degree (s): include college or university, major, and dates	Assoc. Degree in Nursing, Meramec, 1970 BSN in Nursing, 1976 MSN, SLU, 1986
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License #054465 www.nursys.com
Specialized Training Completed.	ASPO/Lamaze, childbirth educator
# of years experience in area of service proposed to provide:	30
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Her tenure began in 2003
Describe this person's responsibilities over the past 12 months.	Education & support to clients & staff, class development, stats monitoring, client and newborn assessments, referral support
Previous employer(s), positions, and dates	St. Mary's Health Center, 1974-1977, 1985-present St. Louis Comm. College at Forest Park, 1978-1980
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Nursing background and work experience
✓ Family/marital counseling ✓ Social work	
✓ Social work ✓ Case management	
✓ Program administration	Head Nurse 1978-1985-managed personnel, hiring and staff development Interim Director, St. Mary's Women's Well, oversaw outpatient care, Co- administered the Southern Illinois Perinatal Grant

Title of Position: Executive Director	
Name of Person:	Lacey Wallace
Educational Degree (s): include college or university, major, and dates	2011 Drury University, Bachelor's of Science in Psychology/Sociology
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	26 hours completed in Clinical Mental Health Grad program
# of years experience in area of service proposed to provide:	Pastoral Ministries for 13 years Currently in Graduate Program @ Evangel Univ.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employoed w/Options Pregnancy Center since 2012
Describe this person's responsibilities over the past 12 months.	Executive Director/oversees the day to day operation of OPC
Previous employer(s), positions, and dates	Cross Point Church (current) Ava Elementary School 2004 - 2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Worked in preschoolno specialized degree
✓ Family/marital counseling	Pastoral counseling w/couples and families
✓ Social work	
Case management	Comment of the inject of the CDC
✓ Program administration	Current administrator for OPC

Title of Position: Point of Contact	
Name of Person:	Mary K. Seewald
Educational Degree (s): include college or university, major, and dates	LPN, graduated 1992, Clovis, CA
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LPN License # 2012010987, expires 5/16
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	3
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Nurse manager / Treasurer / Financial Secretary / Employee 1 year / Subcontractor 2 years
Describe this person's responsibilities over the past 12 months.	A2A Contact
Previous employer(s), positions, and dates	LPN since 1992 – 2007 Labor & Delivery / NICU & Pediatrics Self employed CFO 1999-2016 trucking company
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Pediatric clinic, lead nurse 2008-2010
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Title of Position: Point of Contact	
Name of Person:	Jeanie Williams
Educational Degree (s): include college or university, major, and dates	BS in Education
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 12 years
Describe this person's responsibilities over the past 12 months.	Oversight for ATA program and staff
Previous employer(s), positions, and dates	Ridgecrest Baptist Church, Full-time children's minister 1998 - 2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	18 years working with birth to 6 <sup>th</sup> grade 1986 to 2004 Director of Ministry
✓ Family/marital counseling ✓ Social work	2004 to present – working with clients of Options Clinic
✓ Social work ✓ Case management	2004 to present – working with clients of Options Clinic  2004 to present – working with clients of Options Clinic
✓ Program administration	1986 to present – working in leadership/administration in all previous and current positions.

# **EXPERTISE OF KEY PERSONNEL**

Title of Position:	Professional Case Manager
Name of Person:	Christina Todd
Educational Degree (s): include college or university, major, and dates	Bachelor of Arts in Christian Counseling The Baptist College of Florida, May 2001
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for almost 2 years
Describe this person's responsibilities over the past 12 months.	Responsible for managing A2A budget, data entry, client services, and case management
Previous employer(s), positions, and dates	Southeastern Baptist Theological Seminary-Administrative Asst. to VP, 2002-2004 SpectraCare Mental Health Services-Behavior Specialist & Mental Health Therapist, May 2001-Aug 2002
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Behavior Specialist & Mental Health Therapist for children 5/2001-8/2002
✓ Family/marital counseling	Counseling Internship for family & marital counseling 5/2000-8/2000, 2003-2005
✓ Social work	
✓ Case management	Handling case management for various jobs over 15 yrs
✓ Program administration	L

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position: Professional Case Manager	
Name of Person:	Michelle Scherer
Educational Degree (s): include college or university, major, and dates	Southeast Missouri State University Bachelor of Science, Major Social Work, Minor Psychology, May 1980 Master of Arts, Psychological Counseling, May 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	McGeorge School of Law, Trained as Social Security Disability Hearing Officer, May 1992
# of years experience in area of service proposed to provide:	2 ½ years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Options for Women for 2 ½ yrs
Describe this person's responsibilities over the past 12 months.	Serve as client advocate and director past 12+ months
Previous employer(s), positions, and dates	Safe House for Women, Exec. Dir., 6/2012-11/2013 Vocational Rehabilitation/Disability Determinations for the State of MO, 6/1982-6/2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling ✓ Social work	Worked with clients with disabilities for 30 yrs for State of MO, 1982-2012. Worked with victims of domestic violence 6/2012-11/2013
✓ Case management	Same as above
✓ Program administration	Administered disability program at state level from 2005 through 2012

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# EXPERTISE OF KEY PERSONNEL

Title of Position: Point of Contact	
Name of Person:	Kimberly Backfisch
Educational Degree (s): include college or university, major, and dates	BS Psychology, Central Methodist Univ, 05/2016 General Education Certificate, Minor in Sociology and Minor in Business, Three Rivers College, 2014
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Mental Health First Aid, 09/2017
Specialized Training Completed.	Child Abuse/Domestic Violence, Poverty Simulation, Stewards of Children
# of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer, employee, one year
Describe this person's responsibilities over the past 12 months.	Advocate, clerical
Previous employer(s), positions, and dates	Advance R-IV, Substitute Teacher K-12 grade, 2013-present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Substitute teacher, youth leader at church
✓ Family/marital counseling	Marriage classes at church 2014-2016, marriage counseling as a free service 2015-2016
✓ Social work	
✓ Case management	
✓ Program administration	<u> </u>

Title of Positi	Title of Position: Nurse Director	
Name of Person:	Cheryl Barratt	
Educational Degree (s): include college or university, major, and dates	RN ASN, Northshore Community College, 1988	
License(s)/Certification(s), #(s), expiration date(s), if applicable:		
Specialized Training Completed.		
# of years experience in area of service proposed to provide:	28	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Nurse, 13 yrs	
Describe this person's responsibilities over the past 12 months.	Professional Case Manager	
Previous employer(s), positions, and dates		
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
<ul> <li>✓ Early childhood development</li> <li>✓ Family/marital counseling</li> <li>✓ Social work</li> </ul>		
✓ Case management ✓ Program administration	Completes intake and assessments for the A2A program	

Title of Position: A2A Coordinator	
Name of Person:	Janet Doss
Educational Degree (s): include college or university, major, and dates	Bachelors (BES) in Rehabilitation Services, Univ of MO – Columbia, 1981 Masters (MEd) in Counseling, Univ of MO – Columbia, 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	A2A Coordinator, since 2012
Describe this person's responsibilities over the past 12 months.	Program service provision ,
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	10 yrs of counseling experience
✓ Social work	
✓ Case management	10 yrs of case management experience
✓ Program administration	A2A services since 2012

Erma Moenkhoff  BS Sociology, UCM, 1995  MS Social Gerontology, UCM, 1997
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Employed for 6 yrs
Supervision of staff and volunteers, public relations, program development, staff training and working with clients
Depts of Mental Health & Senior Services, 1978-2003
Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Professional Case Manager
Julie Dorman
4 Year University; Nursing
Registered Nurse
2
40 years
Subcontractor with Alliance for Life; Affiliate of Alliance for Life.
Responsible for ATA initial enrollment and required screenings.
Camden County Health Department, RN
Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
Works with the DIIC alients amalling and aggress of a ATA
Works with the PHC clients enrolling and assessing for ATA

Title of Position: Program Manager, Administrator, Client Advocate	
Name of Person:	Sherry Long
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis Pregnancy 101 & 201, Lighthouse Univ. Motivational Interviewing, Skill Bldg. Training, UMSL-MIMH
# of years experience in area of service proposed to provide:	6 ½
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 6 ½ years
Describe this person's responsibilities over the past 12 months.	Administrative duties, A2A program manager, referral assistance, client advocate, staff supervision, orientation and training to staff/volunteers, grant writing
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Facilitate classes on early childhood development
✓ Family/marital counseling ✓ Social work	
✓ Case management	Crisis intervention support, referral assistance/support, client assessments & evaluations, identify needs of client & family unit
✓ Program administration	A2A management and compliance

### **EXPERTISE OF KEY PERSONNEL**

Title of Position; Professional Case Manager, Nurse Manager	
Name of Person:	Melanie Peck, RN
Educational Degree (s): include college or university, major, and dates	Associates Degree in Nursing, Black Hawk College, Moline IL, 1976
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, License # 2005034871, expires 4/30/2017
Specialized Training Completed.	Crisis Pregnancy 101 & 201 – Lighthouse Univ Sonography Now Intensive Care Unit Nurse Orientation Born Drugged, The Aftermath or Pregnancy & Substance Abuse, College of the Ozarks
# of years experience in area of service proposed to provide:	13
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of PLL
Describe this person's responsibilities over the past 12 months.	Supervise medical services for PLL, pregnancy testing, limited ultrasounds, A2A client assessments, evaluate client needs, conduct EDPS, responsible paternity educ, develop and maintain training curriculum
Previous employer(s), positions, and dates	Care Net Pregnancy Center of the Upper Valley, West Lebanon NH, Nurse Manager, 2003-2005  Dartmouth-Hitchcock Medical Center, ICU Staff Nurse, Renal Dialysis Nurse, Clínical Coordinator, 1979-2005
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Facilitate classes on early childhood development, provide American Heart Association Infant CPR and First Aid
✓ Family/marital counseling	
✓ Social work	DVI Citizen de Constantin de la citation de la cita
√ Case management	PLL: Crisis intervention, assess for post-partum depression and domestic violence, service referrals, identify client needs
✓ Program administration	While at Dartmouth-Hitchcock Medical Center: hiring/firing of staff, staff & patient scheduling, worked with Drs regarding care for patients, assisted in launch of satellite dialysis unit.

Title of Position: Executive Director	
Name of Person:	Brandi Jarrett
Educational Degree (s): include college or university, major, and dates	BS in Psychology & Sociology, Drury Univ, 2004
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	NIFLA Institute in Limited Obstetric Ultrasound, Director's Track, August 2015
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor
Describe this person's responsibilities over the past 12 months.	Oversee A2A program, supervise Professional Case Managers, Center Director
Previous employer(s), positions, and dates	Self Employed Medical Transcriptionist, 2012-9/2014 Paralegal/Supervisor, Parmele Law Firm, 2002-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	Degree work included courses in family and marriage counseling, 10 hrs post grad work towards Masters in counseling
✓ Social work	10 yrs managing disabling cases & working w/ social service agencies to provide resources to clients when at law firm.
✓ Case management	PRC case management, peer counseling
✓ Program administration	A2A program and Exec. Director at PRC

### EXPERTISE OF KEY PERSONNEL

Title of Position: Nurse Manager & A2A Program Coordinator	
Name of Person:	Rachelle Garrison
Educational Degree (s): include college or university, major, and dates	BSN, SBU St. John's College of Nursing, 2011 ASN, SBU St. John's College of Nursing, 12/2005
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License #2006007263
Specialized Training Completed.	Institute in Limited Obstetric UltrasoundTraining through NIFLA
# of years experience in area of service proposed to provide:	11
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 1 ½ yrs
Describe this person's responsibilities over the past 12 months.	Teach prenatal education classes, provide ultrasounds, manage A2A program
Previous employer(s), positions, and dates	Hospice Compassas, 2006-2014 Mercy Hospital, 2013 – present PRC of Mt Grove, 2014 – present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	T
Case management	Hospice 2006-2014, PRC 2014-2016
✓ Program administration	PRC A2A program 2014-present

Rachel House - Region 3

# EXHIBIT E

Title of Position; Illuminate Manager/A2A Point of Contact	
Name of Person:	Kelly Jones
Educational Degree (s): include college or university, major, and dates	RN, KCKCC, 5/2001 Associates of Science, 5/2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Missouri RN, License #2003025206
Specialized Training Completed.	ACLS Instructor, BLS Instructor, AHA Instructor
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed at RH 1 ½ yrs
Describe this person's responsibilities over the past 12 months.	Illuminate Manager of education, coordinates classes and curriculum. Oversees IPCPs, invoice and data entry
Previous employer(s), positions, and dates	2012-2015 AHA Instructor, BLGH; 2008-2012 Anesthesia Coordinator and recovery charge nurse, St. Lukes; Neurosurgeon private nurse & brain tumor board RN, KUPI, 2005-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	School nurse '03-'05, taught growth and development seminars, clinical rotations at KU pediatric and Truman OB
✓ Family/marital counseling	Premarital counseling done on volunteer basis at my church
✓ Social work	While in hospital setting-psychiatric referrals, at RH - refer for social need/concerns, incident reports for client needs and safety
✓ Case management	At public schools worked with students with specific medical needs, in rehab hospital dept worked with rehab staff to determine patient current and future needs
✓ Program administration	Charge nurse duties, administer classes with instructors, compilation of info and future plan treatments while working with KU tumor board, A2A

# **EXPERTISE OF KEY PERSONNEL**

Title of Position: Education Coordinator	
Name of Person:	Michelle Emerick
Educational Degree (s): include college or university, major, and dates	Bachelors in Social Work, UCM, 2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	First Aid & CPR certified, License #01130143146, expires 5/31/17
Specialized Training Completed.	Trauma Informed Care, May 2013
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 2 yrs
Describe this person's responsibilities over the past 12 months.	Teach prenatal classes, manage volunteers, conduct program intakes, provide case management
Previous employer(s), positions, and dates	CAPA, case manager, 2012-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	CAPA, Rachel House, 2014-2016
✓ Family/marital counseling	
✓ Social work	CAPA, Rachel House, 2014-present
✓ Case management	CAPA, 2012-2013
✓ Program administration	<u> </u>

Title of Position: Director	
Name of Person:	Carol Durk
Educational Degree (s): include college or university, major, and dates	MS College Student Personnel, Western Illinois Univ, 1995 BS in Biology, Alma College, 1992
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, Director 7 yrs
Describe this person's responsibilities over the past 12 months.	Supervise and administer programs & services of Riverways PRC, coordinate client services, supervise volunteers
Previous employer(s), positions, and dates	Loving Arms Crisis Pregnancy Center, Asst. Dir., 2001-2007 Univ of MO – Rolla, Coordinator Academic Enhancement Service & Resident Director, 1995-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling ✓ Social work	
✓ Case management	2001-present
✓ Program administration	1995-present

Title of Position: Professional Case Manager	
Name of Person:	Paula Schenck
Educational Degree (s): include college or university, major, and dates	Elmhurst College Nursing BSN 1977
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN MO License # 2006033487, expires 4/30/17
Specialized Training Completed.	1 <sup>st</sup> trimester ultrasound 6/2014
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer, provides professional case management
Describe this person's responsibilities over the past 12 , months.	Professional Case manager, volunteer
Previous employer(s), positions, and dates	Loving Arms Crisis Pregnancy Center, Asst. Dir., 2001-2007 Univ of MO – Rolla, Coordinator Academic Enhancement Service & Resident Director, 1995-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
Early childhood development	
✓ Family/marital counseling ✓ Social work	
✓ Case management	2001-present
✓ Program administration	

Title of Position:	A2A Program Administrator
Name of Person:	Regina Wooten
Educational Degree (s): include college or university, major, and dates	BA Psychology, SWBU, 2003 MS Education/Counseling, MOBAP 2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	8 ½ yrs
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of ThriVe since 10-2007
Describe this person's responsibilities over the past 12 months.	Program administrator for A2A program, oversee all case workers, funding for program, database management <sup>1</sup>
Previous employer(s), positions, and dates	ORAN Enterprises, Tax professional assistant, 2004-2009 Noah's Ark, Manager & Teacher, 2002-2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Education (minor), worked at Noah's Ark Preschool as a teacher and manager, 2002-2004
✓ Family/marital counseling	
✓ Social work	
✓ Case management	A2A case manager & program administration 2007-present
✓ Program administration	A2A case manager & program administration 2007-present

# EXPERTISE OF KEY PERSONNEL

Title of Position:	Professional Case Manager
Name of Person:	Julie Guariglia
Educational Degree (s): include college or university, major, and dates	BES Counseling/Human Resources, MU, 1983 MA Counseling & Psychology, MU 1987
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15+
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of TuriVe, 5yrs Volunteer of ThriVe, 10 yrs
Describe this person's responsibilities over the past 12 months.	Case management
Previous employer(s), positions, and dates	N/A per this scope of work
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Tutor/coordinator of "Reading Club" tutoring program, Family involvement, support, financial assistance, etc 2001-present,
✓ Family/marital counseling	Tutor/coordinator of "Reading Club" tutoring program, Family involvement, support, financial assistance, etc 2001-present,
✓ Social work	A2A case manager 2011 – present Reading Club Coordinator/tutor 2001-present
✓ Case management	A2A case manager 2011 – present Reading Club Coordinator/tutor 2001-present
✓ Program administration	Reading Club Coordinator, 2009-present

Title of Position; Nurse Manager	
Name of Person:	Sandy Hudson
Educational Degree (s): include college or university, major, and dates	RN
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Case management training Limited ultrasound training
# of years experience in area of service proposed to provide:	3yrs 4yrs
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with TWC 1 ½ yrs, and volunteered with TWC 4 yrs
Describe this person's responsibilities over the past 12 months.	Manages 6 volunteer nurses & co-management of 6 case managers
Previous employer(s), positions, and dates	Belton Research Hospital, Cass-Harrisonville Hospital, 20 yrs
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul> <li>✓ Early childhood development</li> </ul>	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Ministry leader – youth and missions, case manager training 2012
✓ Program administration	Missions director & youth group director 15 yrs

Title of Position: Director Clinic Services	
Name of Person:	Lise Strobel
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Life & Health Agent 1993-1999
Specialized Training Completed.	IDD Therapy Technician & Trainer 2000-2007
# of years experience in area of service proposed to provide:	5 yrs Program Manager
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	5 yrs Administrative Management 3 yrs Subcontractor Presenter & Program trainer
Describe this person's responsibilities over the past 12 months.	Oversee A2A program in addition to TWC Clinic services
Previous employer(s), positions, and dates	C.O.O. Back Pain Care Center, 2001-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development ✓ Family/marital counseling ✓ Social work ✓ Case management	Ordained minister providing lay counsel for Faith ministries
✓ Case management ✓ Program administration	A2A program manager since 2011

Title of Position: Point of Contact	
Name of Person:	Rebecca Haine
Educational Degree (s): include college or university, major, and dates	Associate in Health Sciences, Covenant Life College 1994-1996
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Direct Entry Midwife, CDM, expiration 2004
Specialized Training Completed.	Non profit management
# of years experience in area of service proposed to provide:	10 yrs
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Director of TCPRC for 6 ½ yrs
Describe this person's responsibilities over the past 12 months.	Day to day running of TCPRC, fundraising, non profit management
Previous employer(s), positions, and dates	Pregnancy Care Center, Admin Asst, 2008-2010 Painter & Decorator in family owned business, 2002-present Office Mgr/Medical Biller, Dr. Pauluk, Psy.D., 2005-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	O'level child development
✓ Family/marital counseling ✓ Social work	
✓ Social work ✓ Case management	Case management with clients
✓ Program administration	6 ½ yrs as Director of TCPRC

Title of Position: Professional Case Manager	
Name of Person:	Allison Scharbach
Educational Degree (s): include college or university, major, and dates	Capella Univ, Bachelors in Psychology, May 2016
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	4 yrs schooling 3 yrs volunteer work
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Volunteering at OACAC - Headstart 2015-2016
✓ Family/marital counseling ✓ Social work	
✓ Case management	
✓ Program administration	

# Proposed Method of Performance

### EXHIBIT F

1 of 11

### METHOD OF PERFORMANCE

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

- 1. Identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location.
  - The subcontractors of AFLMO are currently located in 8 of the 9 geographic locations across Missouri.
  - Region 2 Lifeline Pregnancy Help Clinic, Kirksville Genesis House of NE Missouri – Edina
  - Region 3 Life Choice Center for Women d.b.a. Alternatives Clinic, Harrisonville Golden Valley Door of Hope, Clinton Rachel House, Lee's Summit, Kansas City, North Kansas City The Women's Clinic of Kansas City, Independence, Grandview
  - Region 4 Pregnancy Help Center of Lake of the Ozarks, Camdenton
  - Region 5 Lifeline Pregnancy Care Center, Cuba Free Women's Center, Waynesville Riverways PRC, Salem
  - Region 6 Bethany Christian Services, St. Louis Metro Associates Inc. (Metro Pregnancy Resource Services), St. Louis Our Lady's Inn, St. Charles, St. Louis ThriVe, St. Louis
  - Region 7 Alpha House PRC, Bolivar
    Care Net Pregnancy Resource Center Neosho
    Options Pregnancy Center, Ava
    Options Clinic, Branson
    Pregnancy Care Center, Springfield
    Pregnancy Lifeline, Branson West
    Tri-County Pregnancy Resource Center, Aurora
  - Region 8 Pregnancy Resource Center, Mountain Grove
  - Region 9 Options for Women, Cape Girardeau

AFLMO projects to add another 2 to 5 subcontractors over the next 3 years to serve more clients across Missouri especially in areas that are underserved. The Missouri Health Department's vital statistics report (attachment #10) shows that two-thirds of Missouri's abortions occur in three areas: St. Louis City, St. Louis County and Jackson County. The AFLMO has lead agency subcontractors located in each of these three areas. Each lead agency has multiple satellite centers providing the necessary proximity to the majority of

clients to be served. Women learn of services through the methods listed below under Marketing of Services. A client initiates services by setting up an appointment for a pregnancy test with the nearest AFLMO subcontractor. Initial contact can occur through a local phone number, hot-line toll free phone number, email, texting, or walk-in. Locations are accessible to persons with disabilities. If necessary, a client can receive help with transportation expenses. All services are offered at no cost to client.

2. Describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients.

The AFLMO and subcontractors propose to serve more than 1,100 clients on an annual basis through the Alternatives to Abortion grant in 8 geographic areas across Missouri. The subcontractors of AFLMO cover 76 counties in MO. According to the U.S. Census Bureau's 2010 – 2014 Community Survey, 21.5% of Missouri's children live in poverty, and they indicated that 15.6% of Missouri's families live below the poverty line. In the counties AFLMO serves, 43 have a higher family poverty rate, than the state. Along with addressing poverty, some of AFLMO's key targets are teen births and child abuse and neglect. The CDC reported of MO's Birth Data in 2014, 27.2% were teen births per 1,000 live births to females aged 15-19. AFLMO is also reaching some of the counties with the state's highest child abuse and neglect rates, serving 6 out of the 10 highest that have a rate higher than the state's rate of 35.9% out of 1,000 according to the 2013 Missouri Kids Count report.

The advantage of subcontracting with local pregnancy centers, maternity homes and adoption agencies is the ability to use outreach and marketing strategies already in place through these organizations. Through websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion Program marketing approach – the target population will be reached in all parts of the state. Subcontractors address cultural diversity by providing materials written in Spanish maintaining contact information for individuals who may serve as interpreters for the clients and enlisting help from a large-

contract network of social service agencies and organizations to address individual needs and situations as they arise. Because these organizations are already well-linked to the community in which they serve and have well-established collaborations with social services sites, family help organizations, food pantries, public and private schools, faith-based organizations and other non-profits, AFLMO and its subcontractors are able to be responsive to the needs of each individual.

- 3. Describe the marketing of services.
  - All subcontractors will conduct individual marketing campaigns including but not limited to radio, billboard ads, print media, publications, college campus advertising, campus coupons, bus benches, google ads, Facebook ads, potential client-based website 24-7 live chat, text blast advertising and campus-wide student programs offering booth space and presentation opportunities in addition to the Alternatives to Abortion Program marketing approach listed.
- 4. Identify the site where the Individual Risk and Needs Assessment and Initial Client Assessment will be conducted. Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the professional or non-professional case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.
  - Each subcontractor has at least one professional case manager who is responsible for conducting the initial client assessment.

5. Describe the development and updating of the Individualized Pregnancy Continuation Plan including the involvement of the client in the process.

Within 10 calendar days after the determination of client eligibility and admission into the ATA program, the case manager will develop the IPCP. Using the Risk and Needs Assessment, the case manager will identify with the client the presenting problems needing immediate attention. The case manager will also focus on long term needs and goals that need to be addressed in the future. Specific measurable objectives will be identified with the client. Referrals for additional services will be noted. The IPCP will be updated with the client during each case management visit at a minimum every 30 calendar days until the services are complete, the client objectives or met or the client is discharged or dis-enrolled from the ATA program. Progress follow-up between visits will be done through non face-to-face case management of emails, phone calls, texting etc. The case manager will continue to assess the client for:

- a. domestic violence
- b. the client's ability to provide a safe sleep environment for the client's infant after birth based on the 2011 American Academy of Pediatrics Guidelines.
- 6. Provide a detailed description of the case management process. Identify the hours of service including emergency coverage outside of business hours and weekends.

The client is scheduled at a minimum of one case management visit every 30 calendar days at which time the client IPCP is reviewed and discussed. Needed updates are done to ensure the client objectives and services continue to address the needs of the client. Case management will be available at all of the subcontractor offices during normal work hours and through a hotline that is available 24 hours a day to connect at-risk clients with a provider in their area.

- 7. Provide a preliminary outline and description of the proposed content of the required trainings. Additionally, provide copies of any training materials (e.g. manuals, resource books, handouts, reinforcement materials) proposed for use in conducting the training sessions.
  - A variety of training materials are used by the AFLMO subcontractors in conducting their individual and group class training sessions with attention to the mandatory topics of the contract. Material sources include full prenatal and parenting modules such as Earn While You Learn as well as many booklets, handouts and brochures from the MODHSS.

    See Attachment #11 for a comprehensive list of materials.
- 8. Describe each of the Additional Client Services specified in the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

The Alternatives to Abortion Program's service delivery system consists of the AFLMO as the primary contractor with the Office of Administration and the use of subcontractors throughout the state to provide the direct services of the program. Every pregnancy resource center, maternity home and adoption agency already practices case management of clients that determines eligibility, identifies problems and solutions, and prepares a plan for success. Each subcontractor provides direct services and/or makes referrals for those services they do not provide. As payer of last resort as specified through the ATA program, prenatal care, medical care, mental health care, newborn or infant care, adoption assistance, domestic abuse protection, drug and alcohol testing and treatment, and ultrasound, services/providers have been identified in each sub-contractor's area of service and referrals are provided. Child-care, clothing, educational services, food, housing, supplies, transportation, and other services often have limited funding and providers in the sub-contractors area of service. Once it is established that all referrals have been exhausted with no results for the client, AFLMO sub-contractors will provide assistance. By using pregnancy centers, maternity homes and adoption agencies for the service delivery, we will be meeting the cultural sensitivity of the clients.

9. Describe how the information obtained in the client satisfaction is utilized to improve upon services provided.

Each client is presented with the opportunity to provide a client satisfaction survey to be able to express likes, dislikes, and concerns regarding their service of programs by each subcontractor. Upon receiving the survey results from the Office of Administration, identified areas that need improvement will be addressed with the subcontractors. All subcontractors will be encouraged to address individual client concerns within 24-48 hours and document changes made and addressed to ensure quality control and adherence to Best Practices as set forth by the AFLMO.

Describe the plan for developing and implementing an evaluation and continuous quality improvement plan. Include evidence of evaluation and continuous quality improvement process activities that evaluate (1) infrastructure, (2) method of delivery of services, (3) outcomes, and (4) compliance with standards and licensure.

AFLMO has implemented the following CQI plan with all subcontractors. AFLMO also conducts a bi-annual audit of all subcontractors to monitor and evaluate the subcontractor's performance in providing services of the program. (attachment #12 and #13)

### A. Infrastructure:

- 1. Environment
  - a. Case management location
  - b. ATA office location
    - Where database entry is done
    - Location of secure ATA files
- 2. Equipment
  - a. ATA File Storage
  - b. Parenting/Fatherhood Curriculum
  - c. Computer (database usage)
- 3. Staffing
  - a. Signed confidentiality agreements
  - b. Training in HIIPA
  - c. Appropriate staff training
  - d. Verify credentials of key personnel and perform background checks
- 4. Written policy
  - a. Client enrollment qualifications.
  - b. Expenditures per client.
  - c. Expectations of client upon enrollment such as participation in agency programs, regular case management visits, length of enrollment. When and how reimbursable services are billed.

# B. Methods of service delivery:

- 1. Review of IPCP to monitor service method and delivery (appropriate case management done prior to provision of a service etc).
- 2. Review of written guidelines concerning when and how to pay services.
- 3. Processing of client files and/or documentation.
- 4. Review of Ilient assessments for completeness in data.

### C. Outcomes:

- 1. Use of client objectives outcome checklist for tracking progress per client.
- 2. Tracking of healthy maternal outcomes through quarterly client reviews (assessing any changes in her health/lifestyle choices such as better nutrition, stopped smoking, drugs, drinking, consistent prenatal care, etc.).
- Tracking of healthy birthing outcomes through completion of birthing outcome record.
- 4. Client satisfaction survey.
- 5. Discuss challenges and successes of program to identify solutions.

# D. Compliance:

- 1. Review of licensure for professional case managers.
- 2. Background checks/child abuse screening.
- 3. Copies of licenses, licensure review and background check/child abuse screening in personnel file.
- 4. Compliance with database entry and deadlines.
- 11. Identify the method of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate the program impact. The plan should address plans and method to improve the program components and continuous quality improvement process activities.

AFLMO subcontractors will be required to report all statistics to the centralized database each month. In the process AFLMO will evaluate the indicators of success of the program through numbers served, programs provided, and estimated results and outcomes. The goal of AFLMO is to provide a vital service for women who find themselves in an unplanned pregnancy with very few resources to continue that pregnancy. ATA gives these women the ability to choose life by assisting them with the support they need. Overall evaluation is measured on impact and effect to community and clients served using the following objectives:

### Overall Effect:

- 1. Our programs meet the specific needs of clients in our communities.
- 2. High-risk clients, enrolled in this specialized program, have healthier babies due to early prenatal care, receive healthy pregnancy education, and receive desperately needed life

- skills education which creates better health and well being outcomes for both baby and mom.
- 3. The program dollars from the grant are multiplied 3-5 times over through local dollar contributions and substantial utilization of volunteers.
- 4. Abuse and neglect assessment and prevention education give parents positive parental tools for healthy family functions.
- 5. Health assessments are effective in redirecting client behaviors and identifying clients who may need STI treatment (sexually transmitted infection).

# Client Impact:

- Through the provision of transportation assistance clients are able to keep doctor
  appointments vital to the health of the baby as well as get to work to support
  themselves or attend school to complete high school or college education.
- 2. Assistance with their continuing education; a high school diploma, pursuit of GED or college education, so they move closer to becoming independent, responsible citizens.
- 3. Help with housing issues to prevent clients from becoming homeless.
- 4. Prenatal and parenting education classes build confidence and equip mom and dad for their role in the baby's life.
- 5. Fathers of the baby equipped to take responsibility and provide the support needed for his baby.
- 6. Regular case management offers encouragement and support as progress is tracked.

# Subcontractor Benefits:

- 1. Provides tools clients need to make positive changes to become self-supporting citizens.
- Gives front-line agencies an opportunity to build relationships of support and accountability with clients.
- 3. Promotes healthy family lifestyles.
- 4. Provides life transformations while giving clients a hand-up not a hand-out.
- Serves fathers of babies through men's mentoring programs that serve to strengthen the
   role of dad and family.

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- 12. Organizational Chart The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.
  - The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

## See Attachment #14.

- 13. Along with a detailed organizational chart, the vendor should describe the following:
  - How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.
  - Total Personnel Resources The vendor should provide information that documents the depth of
    resources to ensure completion of all requirements on time and on target. If the vendor has other
    ongoing contracts that also require personnel resources, the vendor should document how sufficient
    resources will be provided to the State of Missouri.

The AFLMO currently serves as the primary contractor with Office of Administration and is responsible for officially subcontracting with 18 agencies under the current contract and expanding to 23 agencies from across Missouri, including pregnancy centers, maternity homes and adoption agencies that provide direct services to the clients of the program. Each subcontractor is issued a contractual agreement that includes the appropriate provisions and contractual obligations to ensure the successful fulfillment of the contract agreed to by AFLMO and the State of Missouri. The subcontractor agreement contains provisions to ensure that the State of Missouri is Indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between the State of Missouri and the contractor. Upon entering into the contract with the AFLMO, each subcontractor receives training by the AFLMO in proper data system entry, case management, client assessment, client-centered decision-making, development of individual pregnancy continuation care plans, education of clients regarding available services, limitations and all required forms and reporting procedures in compliance with the Alternatives to Abortion Program requirements and objectives. AFLMO will conduct one audit and one site visit each year, and maintain ongoing email and phone contact as needed to assure each subcontractor is in compliance with the program regulations. AFLMO is able to assess and track whether all subcontractors have full knowledge of the database system and reporting requirements to determine if additional training and oversight is needed. The subcontractors will then have an opportunity to share challenges and successes of the program within the framework of the grant implementation. This will enable the AFLMO to create or implement new strategies or find solutions in order to continue quality improvement of the program. Subcontractor's key personnel will conduct background and licensure checks and have them on file in compliance with the requirements of the Alternatives to Abortion Program.

- 14. Economic Impact to Missouri The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:
  - Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
  - Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.
  - Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

The ATA program has made a significant economic impact on the state of Missouri in the past several years. During the last ATA grant period (2013-2016), AFLMO was awarded and utilized \$2,230,400.00 for 4 years. With those funds, AFLMO subcontracted with 18 organizations, and was able to provide nearly 2,400 high-risk young women and children vital services at an average cost of \$900 per client.

According to National Perinatal Information System, it is estimated that on average length of stay in 2011 for newborns admitted to a special care nursery was 13.2 days. On average, late preterm infants admitted to a special care nursery had a length of stay of 4.9 days longer compared to infants born 39-41 weeks.

The average hospital charge for newborns admitted to a special care nursery was \$76,000 with charges exceeding \$280,000 for the earliest infants (<32 weeks). The majority of ATA clients are recipients of Medicaid. By participating in the ATA program and receiving the necessary prenatal care, 92% of clients have been able to avoid low birth-weight and preterm deliveries in the past 4 years. This not only ensures healthier deliveries of babies, but it is also a significant cost savings to the state of Missouri through the Medicaid program. Additionally, there is immeasurable savings across the state as the AFLMO collaborates with various organizations to maximize services for clients which creates a healthier community.

Under the ATA grant funding, AFLMO and its 23 subcontractors will be able to employ more than 50 jobs throughout Missouri, provide social and pregnancy related medical services in rural communities, assist in owning or leasing more than 50 properties, and help more than 100 women receive their GED or high school diploma as a result of services provided through this program.

# Alliance for Life - Missouri, Inc.

# **EXHIBIT G**

# **IMPLEMENTATION PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- Completion Day should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- Assigned Personnel should be identified by name rather than project title unless such personnel are yet to be hired.
- Workhours should indicate that time each assigned person will spend on the specific task.

Task or Event	Completion	The makes	Work-
t ask or Event	Completion Day	Assigned Personnel	hours
Effective Date of Contract	1	N/A	N/A
Establishment of subcontracts	5 days	Marsha Middleton	10
Service location list to state agency	5 days	Carrie Hoelscher	2
Contractor representative info submitted to state agency	5 days	Carrie Hoelscher	1
Hosting of subcontractor training	15 days	Marsha Middleton /Carrie Hoelscher	6
Subcontractors begin/resume contract services	16 days	Subcontractor key personnel	
Monitoring/invoicing/reviews of ATA program	Every 30 days	Carrie Hoelscher	26 to 28
Assessment/evaluations of program	300 days	Marsha Middleton/Carrie Hoeslcher	26 to 28
*			

# EXHIBIT H

# **CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client situation described below. The vendor should provide a not-to-exceed total price with a price analysis for the client services identified in the narrative.

Jane Doe has recently learned that she is 12 weeks pregnant.

Jane is 24 years old and a high school graduate with no post-secondary education. Jane has three other children, ages 6, 4, and 18 months. The father of the new baby does not work, and Jane is unsure if he will stay involved once the baby arrives.

Jane works part time at a fast food restaurant making \$8 an hour, but she would someday like to become a nurse. Jane lives in a two bedroom apartment with her three children, but she struggles to pay rent each month. Jane has an old minivan which she uses to get to work, but it frequently breaks down. Jane has never applied for any public assistance programs.

Jane lives in a rural area, about 25 miles from the contractor's service location and has contacted your organization to access the Alternatives to Abortion Program Services and intends to continue with services until 12 months post-partum.

Narrative:

With Jane's initial contact, it will be determined whether there is another Alternatives to Abortion provider in closer proximity to Jane than our organization 25 miles away. If so, Jane would be informed of the closer location and given the option of receiving ATA services there before proceeding with an ATA enrollment appointment. If she chooses to seek services with our organization, then Jane would be scheduled for an initial ATA eligibility assessment. At the time of her first visit, a client record will be opened for Jane in the state agency's system to maintain current information on services and Individualized Pregnancy Continuation Plan, which will be maintained and updated until she is discharged or dis-enrolled in the ATA program.

A professional case manager will assess whether Jane meets the eligibility requirements for the program at her initial assessment by determining if Jane is; 1) a Missouri resident, 2) establishing that her income is at or below the 185% of federal poverty level, 3) choosing to carry the pregnancy to term instead of having an abortion and 4) not receiving any other ATA services from another provider. A pregnancy test will be conducted to verify the pregnancy and provide a proof of pregnancy for taking to the local DSS office to apply for MOHealthNet.

Upon determining that Jane is eligible for the program, the professional case manager will conduct the Individual Risk and Needs Assessment identifying possible abortion risks and services needed to help reduce that risk and carry the pregnancy to term. With Jane's consent to be enrolled in the program, the professional case manager will complete the necessary enrollment paperwork for admission into the program as well as begin the

development of the IPCP (Individualized Pregnancy Continuation Plan) with Jane. She will leave this initial appointment with an application for MoHealthNet and WIC that includes directions for filling out and instructions on where to take it upon completion. A list of other community referrals that can possibly meet Jane's presenting needs of housing assistance, transportation and education needs will be given based on what is available within the community where Jane resides. The case manager will also provide Jane with contact information and instructions so that Jane can contact a case manager any time 24 hours a day and 7 days a week in case of emergency. Within 24 hours of Jane's initial visit, the case manager will develop an initial plan to address urgent issues. Within 7 days, the case manager will conduct an initial client assessment, which will include an assessment for domestic violence.

In addition, Jane will be made aware of services that are available to her through the ATA program such as parenting education which may be done through monthly individual parenting education sessions or group classes for a period of 6 to 12 months. The case manager will also refer client to MOHealthNet Prenatal Case Management program, Building Blocks of Missouri, Missouri Community-based Home Visiting program, and the Healthy Start program. If Jane meets the requirements for the Food Stamp program, the case manager will assist her in submitting an application for that program.

Jane will be expected to attend at a minimum a monthly case management visit while enrolled in the program that will continue to evaluate her risks and needs and conduct on-going assessment of the goals that have been developed by Jane and her case manager on her IPCP. She may remain under the case management of the professional case manager or be assigned to a non-professional case manager. Goals set from previous sessions will be discussed, changed if necessary, and new goals set. A constant assessment of clients largest "problems" will always be done as well an assessment for domestic violence, as these can change from month to month and may affect client's ability to focus on previously set goals.

In regards to Jane's current situation of struggling with her rent; consideration of other housing options that might fit Jane's budget better would be initially explored and appropriate community referrals provided. If unsuccessful at securing other housing or financial assistance through other community resources, assistance with Jane's rent may be provided for no more than 3 months while working on the development of a workable budget by Jane and her case manager in an effort to help her get to a healthy financial place.

Transportation options will be explored with Jane. Looking at the age of the vehicle, mileage and overall condition of her current minivan, the case manager will assess her ability to save for, purchase and maintain a different vehicle if a replacement is warranted. If the current vehicle is still suitable with some minimal repairs then assistance with repairs on the current vehicle would be considered. Exploring possible charitable programs that can help Jane with her vehicle needs whether it be a replacement or repairs would be pursued. Should she acquire a vehicle then assistance with gas cards to help her get to work, school, doctor and ATA case management appointments will be made available if needed.

The case manager will explore Jane's options for finding a different job that might offer better hours and income. Community referrals as well as job training and placement options will be given in an effort to improve her current employment situation. With 3 other children, child-care will most likely be a need as well. Child-care services will be applied for

through the Department of Social Services. If denied, the case manager will assist Jane in finding a licensed child-care provider in her area and provide assistance with the cost for a limited time while development of Jane's budget gets her to that healthy financial place.

Jane's desire to become a nurse would be discussed in greater detail and her case manager will assist her in where and how to begin the process of accomplishing this goal. Assistance with some initial tuition fees will be made available if no other community resource will help with this need should Jane decide to pursue this goal at some point while in the ATA program. At the least an initial plan will be established outlining the goals and necessary steps to achieve her desire with the case manager tracking her progress.

An attempt will be made to engage the baby's father and to encourage his role and responsibility along with Jane in providing for her and the children. Job placement and training referrals will be provided to help him gain employment. In addition, enrollment into the fatherhood program of the organization will be offered to provide education in his role as father and working to prepare him for the arrival of the new baby.

In preparation for the arrival of Jane's baby, she will have the opportunity through the parenting classes to earn points which can be used in the resource room to obtain needed baby supplies. Jane will also be referred to community organizations such as local thrift stores and clothing centers for needed material items. The case manager will assess Jane's ability to provide a safe sleep environment for her infant. Necessary items such as diapers, wipes, safe bedding and crib, and car seats may be purchased for Jane if unavailable at any other community resource.

Within 6 to 8 weeks post-partum, the professional case manager will conduct an assessment with Jane for post-partum depression using the Edinburgh post-partum depressions screening scale.

The case manager's ultimate goal for Jane is a positive birth outcome and self sufficiency by the time her baby turns one year old. While the case manager helps the client with focusing on certain areas to make goals, it is ultimately Jane's responsibility to set and maintain these goals, budget, etc. If the goals are the case manager's goals, she will take no ownership in them. The case manager knows that what works for her own situation will not necessarily work for her client and is committed to brainstorming and "resetting" goals until a good balance is found for Jane in order for her to achieve these goals.

# The total AFLMO estimated average cost per client is \$1,100 per year.

The following analysis is based on the methodology of services presented in Exhibit H Client Scenario and if all these types of services were rendered in meeting Jane's needs. Not all clients enrolled into the ATA program require all these services and some clients may require even more services than presented in this scenario.

# Prices are based on the firm and fixed price of the pricing page for geographic regions 2 - 9.

Price analysis for Jane for one year of services is:

Professional case management initial enrollment	\$ 50
Non professional case management ongoing (\$35 x 12 monthly visits)	\$420
Prenatal education and parenting skill, individual (\$35 x 12 sessions)	\$420
Resources such as diapers, safe crib, car seat	\$200
Housing assistance	\$600
Transportation (gas cards)	\$100
Child-care Child-care	\$200
Other Services (car repairs)	\$400
Tuition fees	<u>\$350</u>
	\$2,740

The guaranteed not-to-exceed price for the services described in the methodology presented in Exhibit H is \$5,000 per client in a year's time.

2 of the 19 subcontractors are full service residential facilities for pregnant women. The guaranteed not-to-exceed price for the residential facilities is \$30,000 per client based on \$100 per day  $\times$  300 days.

RFPS30034901600477

# Alliance for Life - Missouri, Inc. 2014 Demographics of At-Risk Population

Page 1 of 2

Marsha Middleton

Attachment # 10

Pregnancy Statistics for the State of Missouri

Outcome: Abortions

County/City	Number	Percent of Total	County/City	Number	Percent of Total
St.Louis County	1,979	24.3	Butler County	19	0.2
Jackson County	1,796	22.1	Clinton County	20	0.2
St. Louis City	1,070	13.2	Dunklin County	20	0.2
Clay County	450	5.5	Miller County	15	0.7
St. Charles County	392	4.8	Newton County	16	0.2
Greene County	282	3.5	Nodaway County	15	0.2
Boone County	277	3.4	Polk County	15	0.2
Jefferson County	163	2	Saline County	14	0.2
Buchanan County	133	1.6	Stone County	15	0.2
Cass County	116	1.4	Taney County	17	0.2
Cole County	95	1.2	Webster County	16	0.2
Franklin County	69	0.8	Adair County	8	0.1
Jasper County	64	0.8	Andrew County	9	0.1
Johnson County	99	0.8	Audrain County	12	0.1
Cape Girardeau County	53	0.7	Barry County	7	0.1
Christian County	55	0.7	Caldwell County	9	0.1
Platte County	49	0.6	Cedar County	9	0.1
Lincoln County	38	0.5	Chariton County	9	0.1
Pulaski County	44	0.5	Cooper County	2	0.1
Callaway County	31	0.4	Crawford County	9	0.1
Pettis County	34	0.4	Dallas County	7	0.1
Phelps County	30	0.4	DeKalb County	5	0.1
St. Francois County	32	0.4	Gasconade County	11	0.1
Warren County	34	0.4	Holt County	8	0.1
Camden County	27	0.3	Howard County	7	0.1
Henry County	24	0.3	Howell County	8	0.1
Lafayette County	27	0.3	Iron County	7	0.1
Scott County	21	0.3	Laclede County	12	0.1
Bates County	18	0.5	Lawrence County	8	0.1

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Livingston County	12	0.1	Gentry County	2	0
Madison County	5	0.1	Grundy County	4	0
Marion County	11	0.1	Harrison County	3	0
Mississippi County	5	0.1	Hickory County	3	0
Moniteau County	7	0.1	Knox County	0	0
Montgomery County	10	0.1	Lewis County	0	0
Morgan County	9	0.1	Linn County	3	0
New Madrid County	6	0.1	McDonald County	3	0
Pemiscot County	11	0.1	Macon County	3	0
Perry County	7	0.1	Maries County	3	0
Pike County	1	0.1	Mercer County	. 3	0
Ralls County	5	0.1	Monroe County	2	0
Randolph County	12	0.1	Oregon County	3	0
Ray County	6	0.1	Osage County	2	0
Ste. Genevieve County	9	0.1	Ozark County	0	0
Stoddard County	5	0.1	Putnam County	0	0
Texas County	8	. 0.1	Reynolds County	1	0
Vernon County	7	0.1	Ripley County	1	0
Washington County	9	0.1	St. Clair County	0	0
Wayne County	6	0.1	Schuyler County	2	0
Wright County	5	0.1	Scotland County	0	0
Atchison County	1	0	Shannon County	2	0
Barton County	2	0	Shelby County	0	0
Benton County	2	0	Sullivan County	0	0
Bollinger County	2	0	Worth County	0	0
Carroll County	3	0			
Carter County	3	0			
Clark County	2	0			
Dade County	0	0			
Daviess County	ε .	0			
Dent County	4	0			
Douglas County	2	0		-	

Marsha Middleton Attachment #11

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- Earn While You Learn Main curriculum, Life Skills Curriculum, Parenting Curriculum, Toddler Curriculum www.EWYLOnline.com
- Dad U by Heritage House 76
- 24/7 Dad www.store.fatherhood.org/24-7-dad-programs/
- Promoting Healthy Families in Your Community www.childwelfare.gov
- · Community Resources from the Health Department or County Community Network
- Community Resources: Birthright, South County Pregnancy Help, Thrive Parents as Teachers, Nurses for Newborns, Crisis Nursery, Catholic Family Services, First Steps, Parents Learning Together, ROW Family Strengths, Lutheran Family and Children's Services Family Resource Center-St. Louis Volunteer Resource Parents, Queen of Peace Treatment Center, St. Louis University Head Start, VSS, Catholic Charities, Child Abuse Prevention Association, Cornerstones of Care, Della Lamb Community Services, Family Conservancy, Guadalupe Center, KCMO School Based School Linked Services, National Center for Fathering, Nurse-Family Partnership, Parental Stress Helpline, Parent Link, Saint Luke's Hospital, The Children's Place, Triality Tots, Truman Medical Center Child and Family Services, The Caring People
- Nursing and Med Schools ( will do classes and projects on occasions)
- Loving & Caring www.landcresources.org
- DHSS materials:

Safe Sleep

Breastfeeding

Advantages of Birth Spacing

Folic Acid

Substance Use in Pregnancy

Importance of Prenatal Care

**Immunizations** 

Shaken Baby Syndrome

Preconception Care

Before You Know You're Pregnant Brochure

Healthy Mothers Have Healthy Babies w/ Folic Acid Brochure

Pregnancy & Drugs Brochure

Alcohol & Pregnancy Brochure

Keeping Your Baby Sober Brochures

10 Best Reasons Not to Smoke While You're Pregnancy Brochure

Safe Sleep For Your Baby Brochure

Breastfeeding - Getting Started in 5 Easy Steps

20 Great Reasons to Breastfeed Your Baby

Baby Your Baby Keepsake Book

You May Not Be Ready to Have a Baby Brochure

Immunizations for a Healthy Pregnancy

Shots for Your Child's Health

- Nurturing Teen Parents curriculum www.nurturingparenting.com/ecommerce/category/1:2:3/
- Discipline with Love <u>www.amazon.com/Discipline-Love-James-C-Dobson/dp/084230665X</u>
- Infants: Social Development
- Happiest Baby on the Block <a href="https://happiestbaby.com/product/the-happiest-baby-book-paperback/">https://happiestbaby.com/product/the-happiest-baby-book-paperback/</a>
- 123 Magic <u>www.123magic.com</u>
- Active Parenting <u>www.activeparenting.com</u>
- Love and Logic Series <a href="https://www.loveandlogic.com/parents/what-ls-love-and-logic-for-parents">https://www.loveandlogic.com/parents/what-ls-love-and-logic-for-parents</a>
- I am Your Child Series <a href="http://www.parentsaction.org/resources/dvds/">http://www.parentsaction.org/resources/dvds/</a>
- Read From the Start <a href="http://www.mcfact.org/read-from-the-start.html">http://www.mcfact.org/read-from-the-start.html</a>
- Family Wellness Curriculum <a href="http://www.familywellness.com/programs.php">http://www.familywellness.com/programs.php</a>
- PREP curriculum <a href="https://www.prepinc.com/content/curricula/within-our-reach.htm">https://www.prepinc.com/content/curricula/within-our-reach.htm</a>,

https://www.prepinc.com/content/curricula/within-my-reach.htm

- The Quest For Authentic Manhood <a href="http://www.authenticmanhood.com/product-category/mens-fraternity/the-quest-for-authentic-manhood/">http://www.authenticmanhood.com/product-category/mens-fraternity/the-quest-for-authentic-manhood/</a>
- On My Shoulders https://www.prepinc.com/content/curricula/on-my-shoulders.htm
- Quenching The Father Thirst: Developing Dad

http://support.fathers.com/site/PageServer?pagename=QFTOverview1

Marsha Middleton Attachment #11

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- Use a Pediatrician and a Child Development Specialist to teach/volunteer Parenting.101 classes.
- American Academy of Pediatrics
- American Heart Association
- Baby Video Library- Pregnancy 38-weeks-labor, Birth, Birth Using Anesthesia
- Centers for Disease Control
- Children's Hospital of Philadelphia Vaccine Education
- Children's Trust Fund
- www.Childwelfare.gov/preventing
- · Council for Women's Nutrition Solutions
- Current Pediatrics Diagnosis and Treatments-Lang Medical Books
   <a href="https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=Current+Pediatrics+Diagnosis+and+Treatments-Lange+Medical+Books&tbm=shop&spd=6347803232574315501">https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=Current+Pediatrics+Diagnosis+and+Treatments-Lange+Medical+Books&tbm=shop&spd=6347803232574315501</a>
- · Department of Health and Human Services
- Health EDCO
- Home of Honor series <a href="http://store.smalley.cc/products/homes-of-honor-parenting-series-dvd?variant=8768212229">http://store.smalley.cc/products/homes-of-honor-parenting-series-dvd?variant=8768212229</a>
- · Johnson Institute
- Journal of American Medical Association 2006
- Le Leche League <a href="http://www.illi.org/">http://www.illi.org/</a>
- · March of Dimes
- Missouri Department of Health and Senior Services
- Missouri Tobacco Quitline
- National Heart and Lung and Blood Institute
- · National Institute of Children's Health and Human Development
- NCES
- Parent as Teachers
- · The Medical Institute for Sexual Health
- www.mchc.net
- www.Babycenter.com
- www.education.com
- www.healthyfamiliestaskforce.webs.com
- www.Mops.org
- www.Mypyramid.gov
- www.Parents.com
- www.chop.edu/service/vaccine-education-center
- Spring Garden by Propenta
- Cooking classes, the basics of cooking once a month using food that is on their WIC & food stamps
- Fresh Start- a Divorce & relationship recovery class to help them heal from the past hurts & learn how to have healthler relationships in the future
- WIC & Breastfeeding\_at least twice a year, to talk about the benefits & the how to of breastfeeding.
- Red Cross infant CPR
- Domestic Violence: 3 ladies teach: 1 from the Prosecuting Attorney's office w/ the domestic violence unit,
   1 from the Women's shelter & 1 from Legal Aid. What to do if you are a victim or potential victim.
- Extreme Couponing- A young mom teaches it, she is on WIC & food stamps also, she shows them how to stretch their funds by adding manufacturers coupons, store coupons etc
- Daddy Boot camp is taught by a "Doula" = labor coach, not a mid-wife. She teaches the Dads or labor partners what to do & NOT to do during labor.
- Pass the Power\_= Adult literacy program comes & evaluates the clients & FOB to see if they need services to get their GED or upgrade their math & English skills.
- Parents as Teachers come & evaluate the babies at least twice a year.
- · National Institute of Child Health & Human Development: Safe Sleep For Your Baby
- · Children's Trust Fund: Never Shake a Baby
- SIDS Resources sidsresources.org
- With Parents and Other Caregivers (a human asset imaging course), Written by Sue Russell Produced and Distributed by Bellewether, Ltd.

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- The Joy of Parenthood (your personal journey through newborn care), By Dianne E. Moran, RN; LCCE, ICD & G. Byron Kallam, MD, FACOG
- FamilyDoctor.org
- www.nhlbi.nih.gov
- www.webmd.com
- www.psychologyinfo.com
- www.kidney.org
- www.americanpregnancy.org
- National Association of Child Care Resource & Referral Agencies
- WIC
- American Academy of Pediatrics
- · American Family Physician
- www.fitstep.com
- www.fns.usda.gov
- kidshealth.org
- www.keepkidshealthy.com
- · Immunization Action Coalition
- www.babyzone.com
- Parents Magazine
- www.cdc.qov
- ChildDevelopmentReview.com
- http://aboutshakenbaby.com
- Medicaid (http://medicaid.gov.com)
- MO dept of social services (http://www.dss.mo.gov/)
- Prenatal Vitamins and Folic Acid (www.webmd.com)
- Nutrtion; Food Wheel Handout ( http://healthywa.wa.gov.au/Articles/F\_I/Healthy-eating-for-breastfeeding)
- Handout: "Making Sense of Serving Size" by Ellen Shuster University of Illinois Extension
- Prenatal Chart Development (www.bingimages.com) fetal developmental chart
- (http://www.childdevelopmentinfo.com/parenting/stress.shtml)
- Stress Management Tools for Parents- (http://about.com)
- You and your pregnancy: Mayo Clinic (<u>www.mayoclinic.com/health/pregnancy</u>)
- Prenatal care / Eating Healthy during Pregnancy: (www.marchofdimes.com)
- "Motherhood Stress" Tannenhauser, Carol (1985)
- BMI Table "Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: The Evidence Report"
- Daily Food guide for Pregnant Teens (www.teachteenparents.com)
- Smoking and Pregnancy: Mayoclinic (www.mayoclinic/health/smoking-and-pregnancy)
- CDC: (www.cdc.gov/reporductivehealth/tobaccoUsePregnancy)
- Pregnancy and alcohol and drugs:
  - (www.childwelfare.gov/pubs/usermanuals/substanceuse/chapterthree.cfm)
- (www.marchofdimes.com/pregnancy/alcohol\_illicitdrug.html)
- Fetal alcohol:(www.cdc.gov/ncbdddd/fasd/fagus.html)
- Safety Starts at Home The Essential Childproofing Guide (Video) Order from www.injoyvideos.com
- STD / STD and Affects on Pregnancy

(www.medicinenet.com/script/main/art.asp?articlekey=42833)

(www.cdc.gov/std/pregnancy/STDFact-Pregnancy)

(http://nes.bbc.co.uk/2/hi/uk-news/england/lancashire)

- Handouts: "STD Exposure chart" www.peerchallenge . com / www.bing.com search STD exposure chart
- "Sex, Love and Relationships" Pam Stenzel
- Pregnancy Complications and Future Choices:

(www.ncbi.nlm.nih.gov.pubmedhealth)

(www.americanpregnancy.org/pregnancycomplications/utiduringpreg)

(www.webmd/com/quide)

(www.marchofdimes.com/pregnancy/preterm\_indepth)

- Future Coices Handouts:
- "Life is a piece of pie" and "A Teen Mom's Day" www.teachteenparents.com

Marsha Middleton Attachment #11 4 of 4

- Budget Worksheet handout: (www.onemamasdailydrama.com)
- A Loving Decision (Video)
- · Birthmothers Share Their Stories
- Bethany Christian Services
- Adoption and Parenting: (www.LifetimeAdoption.com)
- Vitamins: (Programs@vitaminangels.org)
- Preparing for Baby

(www.webmd.com/baby/guide/what-to-buy-pregnancy)

(www.kidshealth.org)

(www.webmd.com/baby/fetaures/bonding-with-baby-before-birth)

(www.parents.com) -safety

- Handouts: Tike for Emergencies (<u>www.abbc.org</u>)(<u>www.modot.gov</u>)
- Raising Kids Who Turn Out Right (Video)

Only watch chapter 3

Tim Kimmel

Order from www.sampsonresources.com

Recognizing Child Abuse (Video)

Meridian Education Corporation

Order from www.meridianeducation.com

Life Skills for Teen Parents Vol 2 (Video)

Building Your Future

Order from www.injoyvideos.com

Sleeping and Feeding

Dilutions of breast milk dangers: www.usatoday.com

Safe Sleep ABC" (www.fox4news.com)

American Academy of Pediatrics

(www.nichd.nih.gov/publications/pubs/safe-sleep-gen)

(www.mayoclinic.com/health/colic) (www.mayoclinic.com/health/infanct-formula) (www.mayoclinic.com/health/breast-feeding)

(www.babycenter.com)(www.askdrsears.com/topics)

(www.kidshealth.org)Handouts: "Safe Sleep" http://www.nichd.nih.gov/SIDS

- Labor and Delivery(http://giftofmotherhood.com/giftofmotherhood.html)
- Understanding Birth 2<sup>nd</sup> Edition (Video)

Order from www.injoyvideos.com

Only watch chapters 2, 3, 6

Breastfeeding; You Can Do It! (Video)

Order from www.breastfeedingdvds.com

- Breastfeeding Quick Reference (www.dhss.state.mo.us/MissouriNutrition/)
- Dilutions of breast milk dangers: (<u>www.usatoday.com</u>)
- Breastfeeding log: (https://delightedtobe.com)
- Newborn Care, A Guide to the First 6 Weeks (Video)

Order from www.injoyvideos.com

When Baby Cries (Video) SBS

Order from www.realityworks.com

Shaken Baby Syndrome (www.realityworks.com) w/ SBS Pledge Handout

Newborn Care (www.healthychildren.org)(www.parenting.com)

(www.nlm.nih.gov/medlineplus)(www.cdc.gov)

- Handouts: Immunizations (www.healthystartfv.org)
- Post Partum(www.mayoclinic.com/health)(www.giftofmotherhood.com)
- Handouts: Safe Haven (www.mchc.net)
- First Year Milestones, A Monthly Guide to Your Baby's Growth (Video)
   Volume 1: Birth-6 Months, Order from <a href="https://www.injoyvideos.com">www.injoyvideos.com</a>
- First Year Milestones, A Monthly Guide to Your Baby's Growth (Video)

Volume 2: 7-12 Months, Order from www.injoyvideos.com

# **A2A Overall Summary of Audit Results**

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Subcontractor: _	· · · · · · · · · · · · · · · · · · ·	Date:
Client Files:		
☐ Individual Risk and Needs Asse	essment	☐ Copies of Receipts/class rosters/RFOs (if applicable)
☐ Initial Client Assessment (Lifes	tyle and Health)	☐ IPCP Report
☐ Initial Client Assessment (Preg		☐ Birthing Outcome Report (if applicable)
☐ Copy of DL and Insurance Card	1	☐ Completion of Objective Outcomes (if applicable)
☐ Client Documentation		☐ Signed Client Consent for Enrollmen
Notes:		·
•	s (should have a cm that coincides with am ace to Face	y reimbursable expenses and cm that coincides with initial enrollment):
Complete service descriptions:	- India I have to a	
Case management	understand nature of case m	anagement visit
Prenatal Ed & Parenting Skills		
Child Care		check# □ date of the day(s), week or month being paid
Clothing	·	ry of purchase and why □ check# □ amount □ receipt#
Est. & Promoting Paternity	□ where tested □ check# □ ar	·
	□ FOB name in service descrip	
Education	☐ where and what was paid ☐	•
Food		ary of items purchased ☐ check# ☐ amount ☐ receipt#
Housing Cost #1 (residential)	<ul> <li>where housing was provided</li> </ul>	
Housing Cost #2 (emergency)	where and why it was provided	ded ☐ # of days provided ☐ check# ☐ amount ☐ receipt#
Housing Cost #3 (rent etc.)	· · · · · · · · · · · · · · · · · · ·	□ amount □ receipt# □ Month being paid
Job Training and Placement		🛘 check# 🗆 amount 🗆 receipt#
Supplies		ary of and why purchased $\square$ check# $\square$ amount $\square$ receipt#
Transportation (gas cards)	☐ where purchased ☐ gas card	I# □-amount
Transportation (bus/cab fare)	🗅 bus or cab company 🗅 amou	unt 🗅 receipt# 🗖 purpose for bus/cab
Utilities	$\hfill\square$ where it was paid $\hfill\square$ check#	□ amount □ receipt# □ Month being paid
Other (RFO)	$\square$ where and what was paid $\square$	check# □ amount □ noted "RFO approved"
Notes:		
□ Assessment information complete	e	
□ Discharging of clients timely		
☐ Appropriate average of time spe	nt per case management visit	

Marsha Middleton Attachment #12

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Compliance:	•	
□ Professional CM doing face to face initial intake/assessmen	nt ·	
□ Professional CM doing face to face Domestic Violence and E	Edinburgh screenings	
□ Using "sign in" sheets for parenting group class		
Submitting monthly Outcomes report (when applicable)		
□ Completion of surveys		
☐ Meeting invoicing deadlines (posting, receipts/class rosters sub	omitted, signed invoice)	
□ Current Affidavit of Work Authorization on file		
□ Current Certificate of Insurance with AFL as additional insu	ured on file	
☐ Personnel and Qualifications updated timely (when applicable)		
☐ Attendance of A2A meetings or webinars		
Notes:		
Notes.		
Audit Questionnaire:		
□ Audit Questionnaire completed/returned by program mana	· •	
$\square$ Satisfactory compliance in areas addressed in the question	паіге	
Notes:		
Notes		
Funding Use:		
□ Spending on target	Average cost per client	}
□ Appropriate spending per contract allowable services		
☐ Gas card limits followedaverage spent per card		
□ Overall transportation limit followed (\$500)averag		
□ Housing limit of 1 month past/3 month current followed		
☐ Utilities limit of 1 month past/3 month current followed	average spent per client	
Notes:		
<del></del>		
•		

# **Client Outcomes Tracking Guide**

Tracking of client outcomes <u>accomplished</u> through the Alternatives to Abortion program shall be done by using the Client Outcomes Tracking form. (Attachment 19b) Tracking forms shall be faxed to the AFL office at the end of each quarter for any client with outcomes recorded for the quarter.

### How to use:

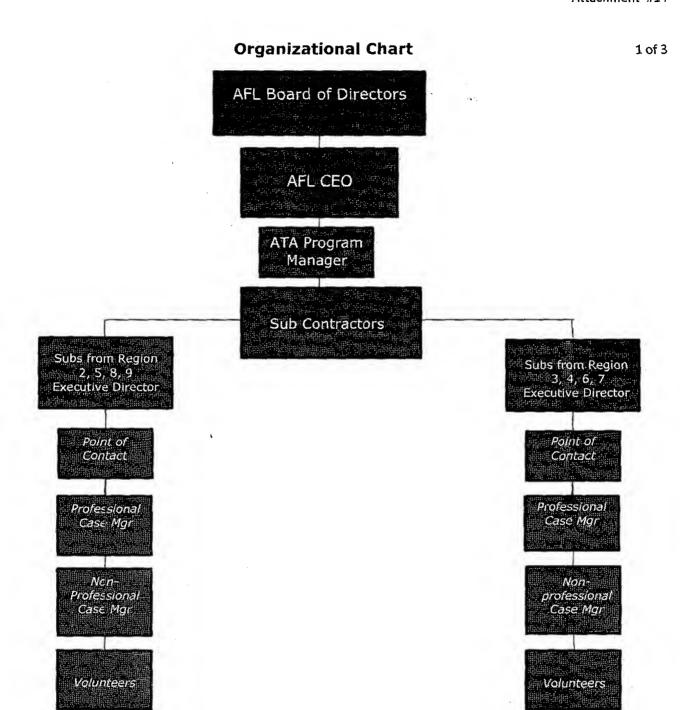
- A copy of the blank "2016 Client Outcome Tracking Form" shall be placed in each client file folder.
- When outcomes are accomplished put the date (m/d/y) in the appropriate box(s).
- Parenting skills, medical appointments etc. would be recorded once the client completes all the classes, completes the program or is being discharged for whatever reason.
- At the end of the quarter, fax or email this form <u>ONLY</u> for clients with outcomes for that quarter.
- IF there are not any client outcomes recorded for your center for the quarter, please note when sending receipts and class rosters "no outcomes this quarter".

# 2016 Client Outcome Tracking Form

Please put date of outcomes in the appropriate box(s). Email or fax quarterly.

Adoption Assistance:	Client	FOB
Met w/adoption specialist to learn about adoption		
Made adoption plan		
Placed baby for adoption		
Participated in grief counseling		
Knowledge of on-going post adoption support		
Domestic Violence:		
Left DV situation		
Established safe housing w/family/friends/shelter		
Drug/Alcohol Treatment and Testing		
Met wirehab counselors		
Completed rehab program		
AA/NA participation		L
Clean for: 3 months / 6 months / 1 year (circle one)		
Education:		
Enrolled in school		
Enrolled in GED program		
Pursued higher education		
Completed: high school / GED (circle one)		<u> </u>
Establishing and Promoting Responsible Paternity:		
DNA test completed		
Filed for child support		
FOB attended parenting classes with client		
FOB attended fatherhood classes		
FOB completed fatherhood program		
Housing: (specific to lack of housing not rent assistance)		
Completed necessary steps to acquire housing		
Secured deposit / down payment / rent (circle)		
Established a budget including housing costs		
Secured permanent safe housing		<b>!</b>
Secured temporary safe housing		
Job Training and Placement		
Registered with job placement agencies		
Called all referrals		
Attended job readiness training		
Completed job readiness program	L	<b>!</b>
Created and completed a resume		
Filled out a minimum of 3 job applications per week	i '	1
Secured employment		

Medical: "White a like that the property is a subject to the second of t	: Client	FOR
Applied for Medicaid		
Established prenatal care		
Kept medical appointments		
Maintained healthy lifestyle for pregnancy		
Attended pregnancy health education		
Healthy birth weight baby		
Obtaining sexual health assessment recommendation for testing.		
Mental Health Cares		
Obtained needed mental health care		
Completed treatment		
Left treatment before completion		
Newborn/Infant Care		
Made and kept newborn/infant medical appointments		
Secured safe childcare		
Selection of Pediatrician prior to birth		
Parenting Skills		
Attended parenting training sessions		
Attended parenting skills group sessions		
Participated in classes outside agency		
Enrolled in continuing parenting ed program; i.e. Parents As Teachers		
Smoking		
Attended smoking cessation class		
Created a stop-smoking plan		
Decreased smoking (amt)		
Stopped smoking		
Transportation:	Columbia Columbia	
Used transportation programs in the area		
Established transportation w/ family or friends		
Established a budget system to include transportation costs		
Saved money and bought a vehicle		
Utilitles:		
Contacted local utility company to set up payment plan		
Secured assistance from other agencies		
Established a budget system to include utility costs		
Created a plan to conserve electricity/gas/water, etc.		
After Care Plan Established: (for after baby's birth)		
Child has healthcare insurance in place		



Services of the contract will be managed, controlled and supervised to ensure satisfactory contract performance through the Alliance for Life's ATA personnel. Sub-contractors are issued a contract with the Alliance for Life that contains all contract requirements. A formal mandatory training is conducted at the beginning of the contract cycle to review all contract requirements, database processes and documentation expectations. Monthly reviews are conducted by the ATA program manager to ensure compliance by all sub-contractors. On-site visits and reviews are conducted at least twice during the 3 year cycle of the contract to ensure all documentation, files and personnel are in compliance with the contract.

Subcontractor's point of contact is the program manager for their organization and is responsible to AFLMO to ensure their organization is providing satisfactory contract performance.

98% of the Alliance for Life Program Manager's time is dedicated to the management, control and supervision of the contract performance.

### Alliance for Life Personnel:

Marsha Middleton – CEO, ATA Program Director Carrie Hoelscher – ATA Program Manager

### Alliance for Life Sub-contractors:

Alpha House - Casey Stinley, point of contact, case manager Kryschell Bel, prof. case manager

Life Choice Center for Women d.b.a. Alternatives Clinic – Linda Freeland, point of contact, case manager
Angie Preston, prof. case manager

Bethany Christian Services – Aimee Travers, point of contact, prof. case manager
Brycsyn Hampton, prof. case manager

Care Net PRC Neosho – Margaret Nollsch, point of contact, case manager Lisa Broom, prof. case manager

Free Women's Center – George Heib, point of contact, case manager
Danielle Fowers, prof. case manager

Genesis House – Amy Ackman, point of contact, case manager Margaret Ernest, prof. case manager

Golden Valley Door of Hope – Melanie Mills, point of contact, case manager
Dolores Tillman, prof. case manager

Lifeline Pregnancy Care Center – Lori Amato, point of contact, prof. case manager Angela Crawford, prof. case manager

Lifeline Pregnancy Help Clinic – Breanne Hunt, point of contact Kristine Polovich, prof. case manager

Metro Associates PRC – Pat UpChurch, point of contact, case manager Carrie Head, prof. case manager

- Options Pregnancy Center Lacey Wallace, point of contact, prof. case manager
  Mary Seewald, prof. case manager
- Options Pregnancy Clinic Jeanie Williams, point of contact Christina Todd, prof. case manager
- Options for Women Kimberly Backfish, point of contact, case manager
  Michelle Scherer, point of contact, prof. case manager
- Our Lady's Inn Angelica O'Neill, point of contact, prof. case manager Helen Risse, prof. case manager
- Pregnancy Care Center Janet Doss, point of contact, prof. case manager Cheryl Barratt, prof. case manager
- PHC of Lake of the Ozarks Erma Moenkhoff, point of contact, case manager

  Julie Dorman, prof. case manager
- Pregnancy Life Line Sherry Long, point of contact, case manager Melanie Peck, prof. case manager
- PRC of Mt. Grove Brandi Jarrett, point of contact
  Rachelle Garrison, prof. case manager
- Rachel House Kelly Jones, point of contact, prof. case manager

  Michelle Emrick, case manager
- Riverways Carol Durk, point of contact, case management Paula Schenck, prof case manager
- The Women's Clinic Lise Strobel, point of contact Sandy Hudson, prof. case manager
- ThriVe St. Louis Regina Wooten, point of contact
  Julie Guariglia, prof. case manager
- Tri-County PRC Rebecca Haine, point of contact, case manager Allison Scharbach, prof. case manager

# Miscellaneous Information

# EXHIBIT K

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

### BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Alliance for Life - Missouri, Inc. (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security - Verification Division
- A current, notarized Affidavit of Work Authorization (must be completed, signed, and

notarized within the past twelve months).	, in the second of the second
Name of Missouri State Agency or Public University Submitted: Office of Administration  (*Public University includes the following five schools under Louis; Missouri Southern State University – Joplin; Missouri W State University – Maryville; Southeast Missouri State University	chapter 34, RSMo: Harris-Stowe State University - St. /estern State University - St. Joseph; Northwest Missouri
Date of Previous E-Verify Documentation Submission:	05/2010
Previous Bid/Contract Number for Which Previous #0904(if known)	E-Verify Documentation Submitted: _IFB
Marsha J. Middleton Authorized Business Entity Representative's Name (Please Print)	Marsha T Miclell Lto- Authorized Business Entity Representative's Signature
Alliance for Life – Missouri, Inc. Business Entity Name	03-24-2016 Date
marsha@allianceforlifemissouri.com E-Mail Address	207370 E-Verify MOU Company ID Number
FOR STATE OF MISSOURI USE ONLY	
Documentation Verification Completed By:  Buyer	4-11-16 Date

# **EXHIBIT K. continued**

# AFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RS return the following Affidavit of Work Authoriza	SMo, definition of a business entity must complete and ation.
CEO (Position/Title) first  Missouri, Inc. (Business Entity Name) is enrolled work authorization program with respect to emproposed to work in connection with the service duration of the contract(s), if awarded in accorder affirm that Alliance for Life – Missouri, Inc.	being duly sworn on my oath, affirm Alliance for Life—ed and will continue to participate in the E-Verify federal aployees hired after enrollment in the program who are as related to contract(s) with the State of Missouri for the ance with subsection 2 of section 285.530, RSMo. I also (Business Entity Name) does not and will not knowingly a connection with the contracted services provided under if awarded.
	re true and correct. (The undersigned understands that to the penalties provided under section 575.040, RSMo.)
Maria T Middlets	Marsha I Middleton
Authorized Representative & Signature	Marsha J Middleton Printed Name
	02.25.0016
CEO Title	03-25-2016 · Date
	-
marsha@allianceforlifemissouri.com	207370
E-Mail Address	E-Verify Company ID Number
Subscribed and sworn to before me this	
MISSOLYI , and my commissio	on expires on 10-07-2019
Liva R. Gordfulm	3.29.16
Signature of Nordry ()	Date

LISA R. GOODFELLOW
Notary Public - Notary Seal
STATE OF MISSOURI - Johnson County
My Commission Expires: Oct 07, 2019
Commission # 15357398

# EXHIBIT L

# <u>Certification Regarding</u> <u>Debarment, Suspension, Ineligibility and Voluntary Exclusion</u> <u>Lower Tier Covered Transactions</u>

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

# (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Alliance for Life – Missouri, Inc.	962268392
Company Name	DUNS # (if known)
Marsha J. Middleton	CEO
Authorized Representative's Printed Name	Authorized Representative's Title
Marsha T Middleto- Authorized Representative's Signature	03/24/2016
Authorized Representative's Signature	Date

### Instructions for Certification

- 1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later
  determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies
  available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
- The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "preson," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarity excluded from participation in this covered transaction, unless authorized by the DOL.
- 6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the <u>List of Parties Excluded from Procurement or Nonprocurement Programs</u>.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

# EXHIBIT M

1 of 2

# **MISCELLANEOUS INFORMATION**

# **Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes	No	_X
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf">http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf</a> )	Yes	No	*
If YES, mark the appropriate exemption below, and provide the request 1Unique good or service.  • EXPLAIN:  2 Foreign firm hired to market Missouri services/products to a f • Identify foreign country:  3 Economic cost factor exists  • EXPLAIN: Vendor/subcontractor maintains significant business presequences performs trivial portion of contract work outside US.  • Identify maximum percentage of the overall value of the cattributed to the value of the products and/or services being outside the United States:%  • Specify what contract work would be performed outside the contract work would be performed outsid	oreign country.  Sence in the United ontract, for any cong manufactured or p	tract perio	d,

# **Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision		
thereof, serving in an executive or administrative capacity, must con	nply with sections 105.450 to 105.458, RSMo,	
regarding conflict of interest. If the vendor or any owner of the ven	dor's organization is currently an elected or	
appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the		
following information:		
Name and title of elected or appointed official or employee of	N/A	
the State of Missouri or any political subdivision thereof:		
If employee of the State of Missouri or political subdivision		
thereof, provide name of state agency or political subdivision		
where employed:		
Percentage of ownership interest in vendor's organization held		
by elected or appointed official or employee of the State of	%	
Missouri or political subdivision thereof:		

# **EXHIBIT M, continued**

2 of 2

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00068483

Alliance for Life - Missouri, Inc.

Charter Number (if applicable)

Company Name

If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:

Title

# Attachment 7: Federal Funding Accountability and Transparency Act (FFATA) Data Form

\*See instructions for additional information Alliance for Life - Missouri, Inc. Legal Business Name of Entity Doing Business As (if different). 106 5th Ave. S **Street Address** 64034 City Greenwood State MO **DUNS Number\*** 962268392 Parent Organization's DUNS Number\* Principal Place of Performance\* Contact Person's Name / Title Contact Person Phone Number Contact Person E-Mail **Executive Compensation Information\*** \*Complete this section if required. See instructions for additional information before completing. List the organization's top five most highly compensated executives for the preceding contractor fiscal year. Name Amount 1. 2. 3. 4. 5. Certification: I attest the facts stated above are true and correct. Marsha J Middleton Authorized Representative's Signature **Printed Name** 03-24-2016 CEO

Date



State of Missouri ▼

Karen Herman \*

# View Suppliers and Documents: RFPS30034901600477 - Alternatives to Abortion Program Services (Formal)

Review supplier list and any document attachment submitted by suppliers for Formal Solicitation RFPS30034901600477

	Evaluation Notes
Supplier	Attachments
3M Company (n/a)	
Access II Independent Living Center (n/a)	
Active Parenting Publishers, Inc (n/a)	
Adoption and Foster Care Coalition of MO (n/a)	·
Aetna Medicaid Administrators LLC (n/a)	
All Generations Adult Day Center LLC (n/a)	
Alliance for Life - Missouri Inc (n/a) [Add Attachments]	
American Healthways Services LLC (n/a)	
Angela DeWilde (n/a)	
Annette M Maskrod (n/a)	
Annie Malone Children and Family Service Center (n/a)	
Annie Malone Children and Family Service Center (n/a)	
Ascend Management Innovations LLC (n/a)	
Beauty By Design (n/a)	
Behavioral Innovations (n/a)	